

No. W 45802		Due no later than Dec 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ALLIED ORTHOPAEDICS, LLC DAVID HASSINGER 7979 W RIFLEMAN ST BOISE ID 83704		DAVID HASSINGER 7979 W RIFLEMAN ST BOISE ID 83704			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	DAVID E HASSINGER	7979 W RIFLEMAN ST	BOISE	ID	83704		
MEMBER	MARK E SPELICH	7979 W RIFLEMAN ST	BOISE	ID	83704		
MEMBER	SEAN M HASSINGER	7979 W RIFLEMAN ST	BOISE	ID	USA	83704	
MEMBER	TRAVIS KEMP	7979 W RIFLEMAN ST	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID W 45802		6. Annual Report must be signed.* Signature: David Hassinger Name (type or print): David Hassinger					
		Date: 10/17/2015 Title: Member					
Processed 10/17/2015 * Electronically provided signatures are accepted as original signatures.							