

No. <b>W 6876</b>		<b>Due no later than Sep 30, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		MICHAEL J LARSON 360 E MAIN REXBURG ID 83440			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		UPPER VALLEY ORTHOPEDICS PLLC SHAUNA DUNN 360 E MAIN REXBURG ID 83440 USA					
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	MICHAEL J LARSON	360 E MAIN	REXBURG	ID	USA	83440	
MEMBER	KEVIN M LEE	360 E MAIN	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 6876</b>		Signature: Shauna Dunn			Date: 07/08/2010		
		Name (type or print): Shauna Dunn			Title: Office Manager		
Processed 07/08/2010		* Electronically provided signatures are accepted as original signatures.					