No. **W 98082**	**Due no later than Nov 30, 2013**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** LYMAN ORTHOPEDICS PLLC KERSTIN MUELLER 1875 N LAKEWOOD DR SUITE 200 COEUR D ALENE ID 83814-4928 USA	KEITH BROWN 5112 E TWILA CT POST FALLS ID 83854 3. New 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
MANAGER	KERSTIN MUELLER	1875 N LAKEWOOD DR SUITE 200	COEUR D ALENE	ID	USA	83814-4928

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 98082**	Signature: Kerstin Mueller Name (type or print): Kerstin Mueller	Date: 09/23/2013 Title: Office Manager

Processed 09/23/2013

* Electronically provided signatures are accepted as original signatures.