

No. <b>W 36012</b>		<b>Due no later than Jan 31, 2012</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  ORTHOPAEDIC ASSOCIATES OF COEUR D'ALENE, PLLC MARK A JACKSON 110 WALLACE AVE COEUR D'ALENE ID 83814		MARK A JACKSON 110 WALLACE AVE COEUR D'ALENE ID 83814			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	JOSEPH M. BOWEN, MD PA	1107 IRONWOOD DRIVE	COEUR D'ALENE	ID	USA	83814	
MEMBER	JONATHAN S. KING, MD PA	1107 IRONWOOD DRIVE	COEUR D'ALENE	ID	USA	83815	
5. Organized Under the Laws of:  <b>ID</b> <b>W 36012</b>		6. Annual Report must be signed.*  Signature: Mark A. Jackson Name (type or print): Mark A. Jackson					
		Date: 01/31/2012 Title: Attorney					
Processed 01/31/2012		* Electronically provided signatures are accepted as original signatures.					