


No. <b>W 25280</b>	Due no later than Jul 31, 2009 <b>Annual Report Form</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) CINDY L KEENE 320 WARNER DR LEWISTON ID 83501			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. Mailing Address: Correct in this box if needed. LEWIS & CLARK ORTHOPAEDIC INSTITUTE, LLC  318 WARNER DR LEWISTON ID 83501		3. New Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	STEVEN R BOYEA, MD	318 WARNER DRIVE	LEWISTON	ID	USA	83501
MEMBER	GREGORY D DIETRICH, MD	318 WARNER DRIVE	LEWISTON	ID	USA	83501
MEMBER	TIMOTHY J FLOCK, MD	318 WARNER DRIVE	LEWISTON	ID	USA	83501
MEMBER	REGAN B HANSEN, MD	318 WARNER DRIVE	LEWISTON	ID	USA	83501
MEMBER	MARVIN R KYM, MD	318 WARNER DRIVE	LEWISTON	ID	USA	83501
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO W 25280</div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           Signature:   <hr/>           Name (type or print): CINDY L KEENE         </div> <div style="text-align: right;">           Date: <u>5.22.2009</u>  <hr/>           Title: CEO         </div> </div>				
Issued 05/20/2009 by PEH <span style="float: right;">200907005704</span>						