

No. W 79836		Due no later than Dec 31, 2014		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. RIVERSIDE ORTHOPAEDIC CLINIC, PLLC JENNIFER E WHITE 910 NW 16TH ST. #205 FRUITLAND ID 83619 USA		WAYNE R IPSEN 13001 W WOODSPRING ST BOISE 83713			
				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	
MANAGER	JENNIFER E WHITE	910 NW 16TH ST. #205	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 79836		Signature: Jennifer White				Date: 10/22/2014	
		Name (type or print): Jennifer White				Title: office manager	
Processed 10/22/2014		* Electronically provided signatures are accepted as original signatures.					