

No. W 79836		Due no later than Dec 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JENNIFER E WHITE	Street or PO Address 910 NW 16TH ST. #205		City FRUITLAND	State ID	Country USA	Postal Code 83619
5. Organized Under the Laws of: ID W 79836		6. Annual Report must be signed.* Signature: Jennifer White Name (type or print): Jennifer White Date: 10/22/2014 Title: office manager					
Processed 10/22/2014 * Electronically provided signatures are accepted as original signatures.							