

No. W 15548		Due no later than Jun 30, 2011 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. ORTHOPEDIC SURGERY AND SPORTS MEDICINE CLINIC, L.L.C. (THE) GAIL JO BATCHELDER 850 IRONWOOD DR STE 202 COEUR D'ALENE ID 83814 USA		ADAM J OLSCAMP MD 850 IRONWOOD DR STE 202 COEUR D'ALENE ID 83814			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	ADAM J OLSCAMP	850 IRONWOOD DRIVE, # 202	COEUR D'ALENE	ID	USA	83814	
MEMBER	DOUGLAS P MCINNIS	850 IRONWOOD DRIVE, STE 202	COEUR D'ALENE	ID	USA	83814	
MEMBER	WILLIAM F SIMS	850 IRONWOOD DRIVE, STE 202	COEUR D'ALENE	ID	USA	83814	
MEMBER	ROGER C DUNTEMAN	850 IRONWOOD DRIVE, STE 202	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID W 15548		6. Annual Report must be signed.* Signature: Gail Batchelder Name (type or print): Gail Batchelder					
		Date: 04/18/2011 Title: Office Manager					
Processed 04/18/2011 * Electronically provided signatures are accepted as original signatures.							