

No. <b>W 15548</b>		<b>Due no later than Jun 30, 2011</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> 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			
				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:  <b>ID W 15548</b>		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.					