No. <b>W 77032</b>		Due no later than Aug 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:	An	Annual Report Form		JEFFREY LARSON MD			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  NORTH IDAHO NEUROSURGERY SERVICES, LLC JEFFREY LARSON MD  3320 N GRAND MILL LANE			3320 N GRAND MILL LANE COEUR D'ALENE ID 83814			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			COEOR D'ALEN				
	COEUR D ALENE ID 83814		3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 JEFFREY J LARSON, M.D.		3320 N GRAND MILL LANE	COEUR D'ALENE	ID	USA	83814	
Organized Under the Laws of:  6. Annual Report must be signed.*							
ID	Signature: Lisa R	Signature: Lisa R Watkins		Date: 07/08/2016			
W 77032	Name (type or pri	Name (type or print): Lisa R Watkins		Title: Administrator			
Processed 07/08/2016	* Electronically provi	* Electronically provided signatures are accepted as original signatures.					