

No. <b>W 42549</b>		<b>Due no later than Sep 30, 2014</b>		<b>2. Registered Agent and Address (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>  NORTH IDAHO PAIN CENTER, LLC SCOTT K MAGNUSON MD 1686 W. RIVERSTONE DR. #2 COEUR D ALENE ID 83814		SCOTT K MAGNUSON MD 1686 W. RIVERSTONE DR. #2 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	SCOTT K MAGNUSON MD	1686 W. RIVERSTONE DR.	COEUR D ALENE	ID	USA 83854
5. Organized Under the Laws of:  <b>ID W 42549</b>		6. Annual Report must be signed.* Signature: Michele Magnuson Name (type or print): Michele Magnuson Date: 07/21/2014 Title: Administrator			
Processed 07/21/2014		* Electronically provided signatures are accepted as original signatures.			