

No. W 75312		Due no later than Jun 30, 2012		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. SELKIRK INTERVENTIONAL PAIN SPECIALISTS, PLLC ALYCE ISPIRESCU 217 CEDAR STREET #230 SANDPOINT ID 83864 USA		OCTAVIAN P ISPIRESCU 323 ASPEN DR BONNERS FERRY ID 83805	
				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
MANAGER	J SORIN ISPIRESCU	217 CEDAR ST #230	SANDPOINT	ID	USA 83864
5. Organized Under the Laws of: ID W 75312		6. Annual Report must be signed.* Signature: J. Sorin Ispirescu, MD Date: 04/17/2012 Name (type or print): J. Sorin Ispirescu, MD Title: Owner/Manager			
Processed 04/17/2012		* Electronically provided signatures are accepted as original signatures.			