

No. W 66908		Due no later than Sep 30, 2017		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. CLEARWATER NEUROSURGERY & SPINAL SURGERY ASSOCIATES, PLLC T WILLIAM HILL 3326 4TH ST STE 6 LEWISTON ID 83501 USA		T WILLIAM HILL MD 3326 4TH ST STE 6 LEWISTON ID 83501	
				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	T WILLIAM HILL MD	3326 4TH ST STE 6	LEWISTON	ID	83501
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 66908		Signature: t. william hill,m,d, Name (type or print): t. william hill,m,d,		Date: 09/08/2017 Title: member	
Processed 09/08/2017		* Electronically provided signatures are accepted as original signatures.			