

No. W 25793		Due no later than Sep 30, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PAIN CARE CENTER BOISE, LLC WILLIAM G BINEGAR 2361 N ANGELVIEW LANE BOISE ID 83702		WILLIAM G BINEGAR 2361 N ANGELVIEW LN BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name WILLIAM G BINEGAR	Street or PO Address 301 W MYRTLE		City BOISE	State ID	Country USA	Postal Code 83702
5. Organized Under the Laws of: ID W 25793		6. Annual Report must be signed.* Signature: William G Binegar Name (type or print): William G Binegar Date: 07/29/2009 Title: Member					
Processed 07/29/2009 * Electronically provided signatures are accepted as original signatures.							