

No. W 25793		Due no later than Sep 30, 2009		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. 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			
				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	WILLIAM G BINEGAR	301 W MYRTLE	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 25793		Signature: William G Binegar				Date: 07/29/2009	
		Name (type or print): William G Binegar				Title: Member	
Processed 07/29/2009		* Electronically provided signatures are accepted as original signatures.					