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| No. W 119807 | | Due no later than Dec 31, 2013 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. SANDPOINT SURGICAL ASSOCIATES, LLC NATHAN C KANNING 609 N LINCOLN AVE SANDPOINT ID 83864 | | NATHAN C KANNING 609 N LINCOLN AVE SANDPOINT ID 83864 | | | |
| 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 KAREN V GILDERSLEEVE | Street or PO Address 502 N SECOND STE 3 | | City SANDPOINT | State ID | Country USA | Postal Code 83864 |
| 5. Organized Under the Laws of: ID W 119807 | | 6. Annual Report must be signed.* Signature: Nathan Kanning Name (type or print): Nathan Kanning Date: 01/14/2014 Title: Owner/General Mgr | | | | | |
| Processed 01/14/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | |