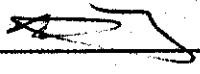


No. W 25793	Due no later than September 30, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PAIN CARE CENTER BOISE, LLC 304 W MYRTLE BOISE, ID 83702 2361 N. ANGELVIEW LANE BOISE, ID 83702		WILLIAM G BINEGAR 2361 N ANGELVIEW LN BOISE, ID 83702 3. New Registered Agent Signature												
	4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>WILLIAM BINEGAR, MD</td> <td>2361 N. ANGELVIEW LANE,</td> <td>BOISE</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER	WILLIAM BINEGAR, MD	2361 N. ANGELVIEW LANE,	BOISE	ID
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
MEMBER	WILLIAM BINEGAR, MD	2361 N. ANGELVIEW LANE,	BOISE	ID	83702										
5. Organized Under the Laws of: IDAHO W 25793	6. Signature  Date <u>7/27/07</u> Name (Typed or Printed) <u>WILLIAM BINEGAR, MD</u> Title <u>MEMBER</u>														

Issued 07/02/2007

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