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|---|---------------------------|---|------------------|--|---------|----------------------|--|
| No. W 66908 | | Due no later than Sep 30, 2018 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. 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 | | | |
| 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 T WILLIAM HILL MD | Street or PO Address 3326 4TH ST STE 6 | City LEWISTON | State ID | Country | Postal Code 83501 | |
| 5. Organized Under the Laws of: ID W 66908 | | 6. Annual Report must be signed.* Signature: t william hill Name (type or print): t william hill Date: 09/10/2018 Title: president | | | | | |
| Processed 09/10/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | |