

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 NO FILING FEE IF RECEIVED BY DUE DATE		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		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	T WILLIAM HILL MD	3326 4TH ST STE 6	LEWISTON	ID		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.					