No. **W 52928**	**Due no later than Jul 31, 2014** **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.** INLAND NORTHWEST SPINE & NEUROSURGERY PLLC BRET A DIRKS MD 850 W IRONWOOD DR #300 COEUR D ALENE ID 83814	BRET A DIRKS MD 850 W IRONWOOD DR #300 COEUR D'ALENE ID 83814 3. New 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	BRET A DIRKS MD	850 W IRONWOOD DR #300	COEUR D'ALENE	ID	USA	83814

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 52928**	Signature: Bret A Dirks	Date: 06/05/2014
	Name (type or print): Bret A Dirks	Title: Member

Processed 06/05/2014

* Electronically provided signatures are accepted as original signatures.