

No. W 52928	Due no later than July 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable		BRET A DIRKS MD 850 W IRONWOOD DR #300 COEUR D ALENE, ID 83814
NO FILING FEE IF RECEIVED BY DUE DATE	INLAND NORTHWEST SPINE & NEUROSURGE 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 Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Owner	Bret A. Dirks MD	850 W. Ironwood Dr.	Coeur d'Alene	ID	83814

5. Organized Under the Laws of: IDAHO	6. Signature	Date 5/15/08
	Name <small>Typed or Printed</small> Bret A. Dirks MD	Title Owner