

No. W 15236		Due no later than May 31, 2010		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. PAIN MANAGEMENT OF NORTH IDAHO, PLLC MICHELE MAGNUSON 2003 KOOTENAI HEALTH WAY #310 COEUR D ALENE ID 83814 USA		SCOTT MAGNUSON 2003 KOOTENAI HEALTH WAY #310 COEUR D'ALENE ID 83814	
				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
MANAGER	SCOTT MAGNUSON	4687 W. MILL RIVER CT.	COEUR D'ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 15236		6. Annual Report must be signed.* Signature: Michele A. Magnuson Name (type or print): Michele A. Magnuson Date: 03/18/2010 Title: Office Manager			
Processed 03/18/2010		* Electronically provided signatures are accepted as original signatures.			