No. **W 23497**	**Due no later than Apr 30, 2016** **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.** VERST SPINE & ORTHOPEDIC CARE, PLLC ELAINE JEX 15 W GALENA ST HAILEY ID 83333	DAVID B VERST 200 LET'ER BUCK HAILEY ID 83333 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	DAVID B VERST MD	PO BOX 3703	HAILEY	ID		83333

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 23497**	Signature: ELAINE JEX	Date: 03/09/2016
	Name (type or print): ELAINE JEX	Title: Financial & Billing Manage

Processed 03/09/2016

* Electronically provided signatures are accepted as original signatures.