

No. W 24823		Due no later than Jun 30, 2017		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. NEUROSURGERY & SPINE CARE SPECIALISTS PLLC CHARLES A BROWN PO BOX 1225 LEWISTON ID 83501		CHARLES A BROWN 324 MAIN ST 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	DONALD S SOLONIUK MD	324 FIFTH STREET	LEWISTON	ID	83501
5. Organized Under the Laws of: ID W 24823		6. Annual Report must be signed.* Signature: Charles A. Brown Name (type or print): Charles A. Brown Date: 06/26/2017 Title: Registered Agent			
Processed 06/26/2017		* Electronically provided signatures are accepted as original signatures.			