





STATE OF IDAHO

Office of the secretary of state, Lawerence Denney ANNUAL REPORT

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-FILED-

File #: 0004855546

Date Filed: 8/10/2022 12:30:50 PM

Entity Name and Mailing Address:

Entity Name: NORTH IDAHO PAIN CENTER, LLC

The file number of this entity on the records of the Idaho

Secretary of State is:

Address 1686 W RIVERSTONE DR # 2 COEUR D ALENE, ID 83814-5779

Entity Details:

Entity Status Active-Existing

This entity is organized under the laws of: IDAHO

If applicable, the old file number of this entity on the records of W42549

the Idaho Secretary of State was:

The registered agent on record is:

Registered Agent SCOTT K MAGNUSON MD

Registered Agent Physical Address

0000139713

1686 W. RIVERSTONE DR. #2 COEUR D'ALENE, ID 83814

Mailing Address

Limited Liability Company Managers and Members

Name	Title	Business Address
Michele Magnuson	Manager	1686 W RIVERSTONE DR COEUR D ALENE, ID 83814-5779

The annual report must be signed by an authorized signer of the entity.

Job Title: Manager

Michele Magnuson 08/10/2022

Sign Here Date