

No. W 42549

Due no later than September 30, 2006  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

## 1. Mailing Address - Correct in this box, if applicable

NORTH IDAHO PAIN CENTER, LLC  
SCOTT K MAGNUSON MD  
2003 LINCOLN WAY  
COEUR D ALENE, ID 83814SCOTT K MAGNUSON MD  
~~1800 E MULLAN STE 800~~  
~~POST FALLS, ID 83854~~2003 Lincoln Way #310  
Coeur d'Alene, ID 83814

3. New Registered Agent Signature

NO FILING FEE IF  
RECEIVED BY DUE DATE

## 4. Limited Liability Companies: Enter Names and Addresses of Members.

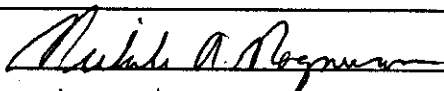
Office held	Name	Street or P.O. Address	City	State	Zip
owner	Scott Magnuson	2003 Lincoln Way #310	Coeur d'Alene	ID	83814

## 5. Organized Under the Laws of:

IDAHO  
W 42549

## 6.

Signature



Date

8/16/06

Name (Typed or Printed)

Michele A. Magnuson

Title

office manager