

No. **W 23497**

Due no later than April 30, 2006
Annual Report Form

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

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

VERST SPINE CARE & ORTHOPEDICS, PLL
PO BOX 3703
HAILEY, ID 83333

2. Registered Agent and Office NO PO BOX

DAVID B VERST
511 DEERTRAIL
HAILEY, ID 83333

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

David Verst

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

Office held Name

Street or P.O. Address

City

State

Zip

Owner David Verst, M.P. 15 W Selamon Stn.

Hailey

ID

83333

5. Organized Under the Laws of:

IDAHO
W 23497

6.

Signature *David Verst*

Date *3-22-06*

Name (Typed or Printed) *David Verst*

Title *Owner*

Issued 02/02/2006

Do Not Tape or Staple

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