

No. W 25793		Due no later than Sep 30, 2015		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. PAIN CARE CENTER BOISE, LLC WILLIAM G BINEGAR 301 W MYRTLE ST. BOISE ID 83702		WILLIAM G BINEGAR 2361 N ANGELVIEW LN BOISE ID 83702		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	WILLIAM G BINEGAR	301 W MYRTLE	BOISE	ID		83702	
5. Organized Under the Laws of: ID W 25793		6. Annual Report must be signed.* Signature: William G Binegar Name (type or print): William G Binegar Date: 09/04/2015 Title: member					
Processed 09/04/2015		* Electronically provided signatures are accepted as original signatures.					