

No. W 24823

Due no later than June 30, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

NEUROSURGERY & SPINE CARE SPECIALIS
CHARLES A BROWN
324 MAIN ST
LEWISTON, ID 83501

CHARLES A BROWN
324 MAIN ST
LEWISTON, ID 83501

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

Office held

Name

Street or P.O. Address

City

State

Zip

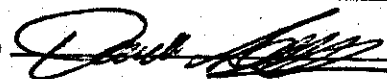
Member Donald S. Soloniuk, M.D., 324 Fifth St., Lewiston, ID 83501

5. Organized Under the Laws of:

IDAHO
W 24823

6.

Signature



Date

4/17/08

Name

(Typed or
Printed)

Donald S. Soloniuk, M.D.

Title

Member

Issued 04/01/2008

Do Not Tape or Staple

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