

No. W 25793

Due no later than September 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

PAIN CARE CENTER BOISE, LLC
2361 N ANGELVIEW LANE
BOISE, ID 83702WILLIAM G BINEGAR
2361 N ANGELVIEW LN
BOISE, ID 83702NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

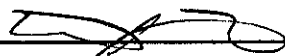
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Member	William Binegar, MD	2361 N Angelview Ln	Boise	ID	83702

5. Organized Under the Laws of:

IDAHO
W 25793

6.

Signature



Date

8/05/08

Name (Typed or Printed)

William Binegar

Title

Member

Issued 07/01/2008

Do Not Tape or Staple

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