No. **W 42549**	**Due no later than Sep 30, 2009**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** NORTH IDAHO PAIN CENTER, LLC SCOTT K MAGNUSON MD 2003 LINCOLN WAY #310 COEUR D ALENE ID 83814	SCOTT K MAGNUSON MD 2003 LINCOLN WAY #310 COEUR D'ALENE ID 83814 3. New 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	SCOTT K MAGNUSON MD	2003 LINCOLN WAY #310	COEUR D ALENE	ID	USA	83814

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 42549**	Signature: Scott K. Magnuson	Date: 07/20/2009
	Name (type or print): Scott K. Magnuson	Title: Owner

Processed 07/20/2009

* Electronically provided signatures are accepted as original signatures.