

No. <b>W 35220</b>		<b>Due no later than Dec 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  INTERVENTIONAL SPINE ASSOCIATES, PLLC THOMAS L LARK MD 10337 W HECETA HEAD BOISE ID 83714 USA		THOMAS L LARK MD 10337 W HECETA HEAD BOISE ID 83714			
				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	THOMAS L LARK MD	10337 W HECETA HEAD	BOISE	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 35220</b>		Signature: Thomas L Lark MD				Date: 12/15/2012	
		Name (type or print): Thomas L Lark MD				Title: President	
Processed 12/15/2012		* Electronically provided signatures are accepted as original signatures.					