

|                                                                                                                                                        |            |                                                                                                                                                                                   |       |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------|---------|-------------|--|
| No. <b>W 119447</b>                                                                                                                                    |            | Due no later than Nov 30, 2015                                                                                                                                                    |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |            | <b>1. Mailing Address: Correct in this box if needed.</b><br>COMPREHENSIVE SPINE CONSULTATION SERVICES OF<br>IDAHO LLC<br>RODDE COX MD<br>1000 N CURTIS RD #202<br>BOISE ID 83706 |       | RODDE COX MD<br>1000 N CURTIS RD #202<br>BOISE ID 83706 |         |             |  |
|                                                                                                                                                        |            |                                                                                                                                                                                   |       | 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                                                                                                                                                 | VIC KADYAN | 1000 N CURTIS RD STE 202                                                                                                                                                          | BOISE | ID                                                      | USA     | 83706-1346  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 119447</b>                                                                                          |            | 6. Annual Report must be signed.*<br>Signature: Rodde Cox<br>Name (type or print): Rodde Cox<br>Date: 09/17/2015<br>Title: Registered Agent                                       |       |                                                         |         |             |  |
| Processed 09/17/2015                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                                         |       |                                                         |         |             |  |