

No. <b>W 29572</b>	<b>Due no later than Mar 31, 2015</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> COEUR D' ALENE ARTHRITIS CLINIC, PLLC CRAIG W WIESENHUTTER 950 IRONWOOD DR COEUR D'ALENE ID 83814		CRAIG W WIESENHUTTER MD 950 IRONWOOD DR COEUR D'ALENE 83814			
			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	CRAIG W WIESENHUTTER MD	950 IRONWOOD DR	COEUR D'ALENE	ID		83814
5. Organized Under the Laws of:  <b>ID</b> <b>W 29572</b>		6. Annual Report must be signed.* Signature: Craig W Wiesenhutter Name (type or print): Craig W Wiesenhutter			Date: 03/26/2015 Title: Member	
Processed 03/26/2015		* Electronically provided signatures are accepted as original signatures.				