

No. W 11085		Due no later than Feb 28, 2014		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. MCCARTY'S SACRO-EASE, L.L.C. C/O INLAND NW SPINE 1641 E POULSTON POST FALLS ID 83854		JOHN F MAGNUSON 1250 N NORTHWOOD CENTER COURT #A COEUR D'ALENE ID 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
MANAGER	MICHELE L DIRKS	2410 E SUMMIT	COEUR D'ALENE	ID	USA 83815
5. Organized Under the Laws of: ID W 11085		6. Annual Report must be signed.* Signature: Michele Dirks Name (type or print): Michele Dirks Date: 12/30/2013 Title: Manager			
Processed 12/30/2013		* Electronically provided signatures are accepted as original signatures.			