

No. W 77032		Due no later than Aug 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NORTH IDAHO NEUROSURGERY SERVICES, LLC JEFFREY LARSON MD 3320 N GRAND MILL LANE COEUR D'ALENE ID 83814		JEFFREY LARSON MD 3320 N GRAND MILL LANE STE B COEUR D'ALENE ID 83814			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name JEFFREY J LARSON, M.D.	Street or PO Address 3320 N GRAND MILL LANE		City COEUR D'ALENE	State ID	Country USA	Postal Code 83814
5. Organized Under the Laws of: ID W 77032		6. Annual Report must be signed.* Signature: Lisa R Schwab Name (type or print): Lisa R Schwab Date: 06/23/2009 Title: Financial Officer					
Processed 06/23/2009 * Electronically provided signatures are accepted as original signatures.							