

No. W 23497

Due no later than April 30, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

VERST SPINE & ORTHOPEDIC CARE, PLLC
15 W GALENA ST
HAILEY, ID 83333DAVID B VERST
511 DEERTRAIL
HAILEY, ID 83333NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

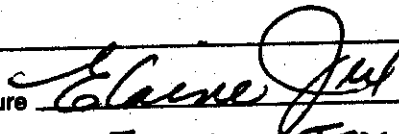
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
OWNER	DAVID B VERST	10 Box 3703	HAILEY	ID	83333
Manager	ELAINE JEX	2223 Summerwind Cir	HENDERSON	NV	89052

5. Organized Under the Laws of:

IDAHO
W 23497

6.

Signature



Date

2-20-08

Name

(Typed or
Printed)

ELAINE JEX

Title

Manager

Issued 02/01/2008

Do Not Tape or Staple

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