

No. <b>W 96964</b>		<b>Due no later than Oct 31, 2013</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>Annual Report Form</b>		STACY OSTLER MD			
		<b>1. Mailing Address: Correct in this box if needed.</b> SYNERGY PAIN MANAGEMENT AND REHABILITATION PLLC STACY OSTLER PO BOX 434 EAGLE ID 83616 USA		875 E. PLAZA DR SUITE 103 EAGLE ID 83616			
				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	STACY OSTLER	P.O. BOX 434	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 96964</b>		Signature: Stacy Ostler			Date: 12/20/2013		
		Name (type or print): Stacy Ostler			Title: Owner		
Processed 12/20/2013		* Electronically provided signatures are accepted as original signatures.					