No. W 77032		Due no later than Aug 31, 2017		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JEFFREY LARSON MD			
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			3320 N GRAND MILL LANE COEUR D'ALENE ID 83814			
				COLOR DALL				
		COEUR D ALENE ID 83814		3. <u>New</u> Registere	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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 JEFFREY J L		ARSON, M.D.	3766 W SHORE VIEW LN	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of:		6. Annual Report m	nust be signed.*					
ID W 77032		Signature: Lisa Tansy		Date	Date: 08/17/2017			
		Name (type or print): Lisa Tansy		Title	Title: Administrator			
Processed 08/17/2017 * Electronically provided signatures are accepted as original signatures.								