

No. <b>W 11085</b>		<b>Due no later than Feb 29, 2008</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  MCCARTY'S SACRO-EASE, L.L.C. C/O INLAND NW SPINE 850 W IRONWOOD DR #300 COEUR D'ALENE ID 83814		ROBERT J FASNACHT 850 IRONWOOD DR STE 101 COEUR D'ALENE ID 83814			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name MICHELE L DIRKS	Street or PO Address 2410 E SUMMIT		City COEUR D'ALENE	State ID	Country USA	Postal Code 83815
5. Organized Under the Laws of:  <b>ID</b> <b>W 11085</b>		6. Annual Report must be signed.*  Signature: Michele Dirks Name (type or print): Michele Dirks  Date: 12/26/2007 Title: Manager					
Processed 12/26/2007 * Electronically provided signatures are accepted as original signatures.							