

No. W 132188		Due no later than Dec 31, 2014 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. SPINE CENTER SURGICAL PROVIDERS, PLLC TINA M BOTAI 1641 E. POLSTON AVE POST FALLS ID 83854		JEFFREY D MCDONALD, MD 1641 E. POLSTON AVE POST FALLS 83854			
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 D MCDONALD	Street or PO Address 1641 E. POLSTON AVE		City POST FALLS	State ID	Country USA	Postal Code 83854
5. Organized Under the Laws of: ID W 132188		6. Annual Report must be signed.* Signature: Jeffrey D. McDonald Name (type or print): Jeffrey D. McDonald Date: 01/14/2015 Title: Owner					
Processed 01/14/2015 * Electronically provided signatures are accepted as original signatures.							