

No. <b>W 132188</b>		<b>Due no later than Dec 31, 2014</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>1. Mailing Address: Correct in this box if needed.</b> 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			
				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	
MEMBER	JEFFREY D MCDONALD	1641 E. POLSTON AVE	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 132188</b>		Signature: Jeffrey D. McDonald				Date: 01/14/2015	
		Name (type or print): Jeffrey D. McDonald				Title: Owner	
Processed 01/14/2015		* Electronically provided signatures are accepted as original signatures.					