

No. W 29572	Due no later than Mar 31, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. COEUR D' ALENE ARTHRITIS CLINIC, PLLC CRAIG W WIESENHUTTER 950 IRONWOOD DR COEUR D'ALENE ID 83814		CRAIG W WIESENHUTTER MD 950 IRONWOOD DR COEUR D'ALENE ID 83814			
			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	CRAIG W WIESENHUTTER MD	950 IRONWOOD DR	COEUR D'ALENE	ID		83814
5. Organized Under the Laws of: ID W 29572	6. Annual Report must be signed.* Signature: Craig W Wiesenhutter Name (type or print): Craig W Wiesenhutter		Date: 03/15/2016 Title: Member			
Processed 03/15/2016		* Electronically provided signatures are accepted as original signatures.				