No. <b>C 117273</b>		Due no later than Nov 30, 2012		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JULIA POLLOW				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SOUTHERN IDAHO PAIN INSTITUTE, P.C.  DENISE S RUE  236 MARTIN ST  TWIN FALLS ID 83301-4542		2188 ADDISON AVE E TWIN FALLS ID 83301  3. New Registered Agent Signature:*				
NO FILING RECEIVED BY 4. Corporations: Ente	DUE DATE	USA ess Addresses of Preside	ent, Secretary, and Directors. Tr	easurer (	ontional)			
Office Held	Name	ess madresses or reside	Street or PO Address	casarer (	City	State	Country	Postal Code
PRESIDENT	CLINTON L	DILLE	236 MARTIN ST		TWIN FALLS	ID	USA	83301-4542
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 117273		Signature: Clinton L Dille		Date: 09/13/2012				
		Name (type or print): Clinton L Dille			Title: President			
Processed 09/13/2013	2	* Electronically provided	l signatures are accepted as orig	ginal signa	atures.			