

No. W 29572

Due no later than March 31, 2008
Annual Report Form

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

COEUR D' ALENE ARTHRITIS CLINIC, PL
950 IRONWOOD DR
COEUR D'ALENE, ID 83814

2. Registered Agent and Office NO PO BOX

CRAIG W WIESENHUTTER MD
950 IRONWOOD DR
COEUR D'ALENE, ID 83814

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held Name Street or P.O. Address City State Zip

Member Craig Wiesenhutter, 950 Ironwood Dr., Coeur d' Alene, ID 83814

5. Organized Under the Laws of:
IDAHO
W 29572

6. Signature

Date 3/24/08

Name (Typed or Printed)

Craig Wiesenhutter

Title Member

Issued 01/02/2008

Do Not Tape or Staple

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