

No. W 92554		Due no later than Apr 30, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. WIND RIVER PAIN MANAGEMENT, PLLC STEVEN V KLIPPERT, MD 1975 MARTHA AVENUE SUITE B IDAHO FALLS ID 83404 USA		STEVEN V KLIPPERT MD 1975 MARTHA STE B IDAHO FALLS ID 83404			
				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	STEVEN V KLIPPERT, MD	5556 S. 45TH E.	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 92554		Signature: Steven V Klippert, MD				Date: 03/27/2014	
		Name (type or print): Steven V Klippert, MD				Title: Member	
Processed 03/27/2014		* Electronically provided signatures are accepted as original signatures.					