

No. W 92554		Due no later than Apr 30, 2014 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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name STEVEN V KLIPPERT, MD	Street or PO Address 5556 S. 45TH E.		City IDAHO FALLS	State ID	Country USA	Postal Code 83406
5. Organized Under the Laws of: ID W 92554		6. Annual Report must be signed.* Signature: Steven V Klippert, MD Name (type or print): Steven V Klippert, MD Date: 03/27/2014 Title: Member					
Processed 03/27/2014 * Electronically provided signatures are accepted as original signatures.							