

No. J 1546		Due no later than Jan 31, 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		RICHARD DUBOSE 8950 W EMERALD ST SUITE 168 BOISE ID 83704			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		IDAHO PAIN MEDICINE, L.L.P. DAVID ORCHARD 8950 W EMERALD ST STE 168 BOISE ID 83704 USA					
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	RICHARD A DUBOSE	8950 W EMERALD	BOISE	ID	USA	83704	
PARTNER	SHANE MAXWELL	8950 W EMERALD ST SUITE 168	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID J 1546		Signature: David Orchard			Date: 02/11/2014		
		Name (type or print): David Orchard			Title: Manager		
Processed 02/11/2014		* Electronically provided signatures are accepted as original signatures.					