

No. W 111211		Due no later than Feb 28, 2013 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. PAIN TREATMENT SPECIALTIES LLC BRIAN TIBBETS 1350 POMERELLE AVE BURLEY ID 83318		BRIAN TIBBETS 1350 POMERELLE AVE BURLEY ID 83318			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	BRIAN TIBBETS	312 S 950 W	HEYBURN	ID	USA	83336	
5. Organized Under the Laws of: ID W 111211		6. Annual Report must be signed.* Signature: Brian Tibbets Name (type or print): Brian Tibbets Date: 01/08/2013 Title: Member					
Processed 01/08/2013 * Electronically provided signatures are accepted as original signatures.							