No. W 140417		Due no later than Jul 31, 2016	2. Registered Agent and Address (NO PO BOX) ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83201 3. New Registered Agent Signature:*			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO NEUROSURGERY & SPINE, PLLC CLARK H ALLEN MD 3345 POTOMAC WAY IDAHO FALLS ID 83404				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Con	npanies: Enter Nar	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER CLARK ALLE		N 3345 POTOMAC WAY	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Lori Kitzmiller	Date: 08/09/2016			
W 140417		Name (type or print): Lori Kitzmiller	Title: Office Administrator			
Processed 08/09/2016 * Electronically provided signatures are accepted as original signatures.						