

No. W 3668		Due no later than Mar 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHARLES P SCHNEIDER MD 206 EAST ELM ST CALDWELL ID 83605-4815				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SNAKE RIVER SPORTS MEDICINE, L.L.C. % PHILIP A PETERSON PO BOX 247 NAMPA ID 83653-0247		856 West Ashbourne Drive Eagle, Idaho (ID) 83616-6433				
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.								
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Name CHARLES P. SCHNEIDER, M.D.		Street or PO Address 856 WEST ASHBOURNE DRIVE	City EAGLE	State ID	Country USA	Postal Code 83616-6433
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Name GEORGE A. NICOLA, M.D.		Street or PO Address 206 EAST ELM STREET	City Caldwell	State ID	Country USA	Postal Code 83605-4815
Manager <input type="checkbox"/> Member <input type="checkbox"/>								
Manager <input type="checkbox"/> Member <input type="checkbox"/>								
04/SRSM-2015ANN-RPT.wpd								
5. Organized Under the Laws of: IDAHO W 3668		6. Signature: <i>CP Schneider MD</i>					Date: 3/10/15	
		Name (type or print): CHARLES P. SCHNEIDER, M.D.					Title: MEMBER	