

No. W 153719		Due no later than Jul 31, 2016		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 1. Mailing Address: Correct in this box if needed. SPINE & BRAIN CENTER OF IDAHO, LLC MICHAEL V HAJJAR 6140 W CURTISIAN AVE STE 400 BOISE ID 83704		MICHAEL V HAJJAR 6140 W CURTISIAN AVE STE 400 BOISE ID 83704	
				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	MICHAEL V. HAJJAR	6140 W. CURTISIAN AVE STE 400	BOISE	ID	USA 83704
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 153719		Signature: Emily Lawrence Name (type or print): Emily Lawrence		Date: 05/24/2016 Title: Accounting Supervisor	
Processed 05/24/2016		* Electronically provided signatures are accepted as original signatures.			