

No. W 3668	Due no later than Mar 31, 2014 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 NO FILING FEE IF RECEIVED BY DUE DATE	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		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	CHARLES P. SCHNEIDER, M.D.	206 EAST ELM STREET	CALDWELL	ID	USA	83605-4815
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	GEORGE A. NICOLA, M.D.	206 EAST ELM STREET	CALDWELL	ID	USA	83605-4815
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

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5. Organized Under the Laws of: <div style="text-align: center; font-size: large; font-weight: bold;">IDAHO W 3668</div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 60%;"> Signature: <u><i>CP Schneider</i></u> <u><i>CP Schneider</i></u> Name (type or print): <div style="text-align: center; font-size: small;">CHARLES P. SCHNEIDER, M.D.</div> </div> <div style="width: 35%;"> Date: <u><i>3/25/14</i></u> Title: <div style="text-align: center; font-size: small;">MEMBER</div> </div> </div>
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