| No. **W 132188** | **Due no later than Dec 31, 2015**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>SPINE CENTER SURGICAL PROVIDERS, PLLC<br>TINA M BOTAI<br>1641 E. POLSTON AVE<br>POST FALLS ID 83854 | JEFFREY D MCDONALD, MD<br>1641 E. POLSTON AVE<br>POST FALLS ID 83854<br><br>3. New 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 | JEFFREY D MCDONALD | 1641 E. POLSTON AVE | POST FALLS | ID | USA | 83854 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 132188** | Signature: Tina Botai | Date: 10/27/2015 |
| | Name (type or print): Tina Botai | Title: Practice Manager |

Processed 10/27/2015

* Electronically provided signatures are accepted as original signatures.