No. W 77993		Du	2. Registered Ager	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. KOOTENAI SURGERY ASSOCIATES, PLLC MINDY GALBRAITH 700 IRONWOOD DR STE 304 COEUR D ALENE ID 83814 USA		700 IRONWOOL COEUR D'ALENE	TIMOTHY T QUINN MD 700 IRONWOOD DR STE 304 COEUR D'ALENE ID 83814 3. New Registered Agent Signature:*			
4. Limited Liability Com Office Held MEMBER MEMBER MEMBER MEMBER MEMBER MEMBER MEMBER	panies: Enter Nai Name MICHAEL MA PHILIP KLAD ROBERT G EDWARD G TIMOTHY T MARCUS TO	AY AR HOLMAN DETAR QUINN	es of at least one Member or Manager. Street or PO Address 3284 N ALTA COURT 2013 E WOODSTONE DR 5894 E ENGLISH POINT RD 923 S RUBY RD 210 LAKEVIEW DR PO BOX 3550	City COEUR D ALENE HAYDEN LAKE HAYDEN LAKE COEUR D ALENE COEUR D ALENE POST FALLS	State ID ID ID ID ID ID ID ID	Country USA USA USA USA USA USA USA	Postal Code 83815 83835 83835 83814 83814 83877-3550	
ID W 77993		6. Annual Report must be signed.* Signature: Jan Bourget Date: 08/29/2013 Name (type or print): Jan Bourget Title: Accountant * Electronically provided signatures are accepted as original signatures.						