

No. W 52928		Due no later than Jul 31, 2013		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. INLAND NORTHWEST SPINE & NEUROSURGERY PLLC BRET A DIRKS MD 850 W IRONWOOD DR #300 COEUR D ALENE ID 83814		BRET A DIRKS MD 850 W IRONWOOD DR #300 COEUR D'ALENE ID 83814	
				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	BRET A DIRKS MD	850 W IRONWOOD DR #300	COEUR D'ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 52928		6. Annual Report must be signed.* Signature: Bret Dirks Name (type or print): Bret Dirks Date: 05/29/2013 Title: Owner			
Processed 05/29/2013		* Electronically provided signatures are accepted as original signatures.			