| No. W 119447 | | Due no later than Nov 30, 2016 | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|----------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------|---------|-------------|--|
| Return to: | | Annual Report Form | | RODDE COX MD | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. COMPREHENSIVE SPINE CONSULTATION SERVICES OF IDAHO LLC RODDE COX MD 1000 N CURTIS RD #202 | BOISE ID | 1000 N CURTIS RD #202 BOISE ID 83706 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | BOISE ID 83706 | | | | | |
| 4. Limited Liability Co | ompanies: Enter Na | mes and Addresses of at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | VIC KADYAN | 1000 N CURTIS RD STE 202 | BOISE | ID | USA | 83706-1346 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 119447 | | Signature: Melissa Honsinger | Date: 09/26/2016 | | | | |
| | | Name (type or print): Melissa Honsinger | | Title: Administrator | | | |
| Processed 09/26/201 | 16 | * Electronically provided signatures are accepted as original sig | gnatures. | | | | |