

No. W 15236		Due no later than May 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. PAIN MANAGEMENT OF NORTH IDAHO, PLLC MICHELE MAGNUSON 1686 W. RIVERSTONE DR. #1 COEUR D ALENE ID 83814 USA		SCOTT MAGNUSON 1686 W. RIVERSTONE DR. #1 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
MANAGER	SCOTT MAGNUSON	1686 W. RIVERSTONE DR. #1	COEUR D ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 15236		6. Annual Report must be signed.* Signature: Michele Magnuson Name (type or print): Michele Magnuson Date: 03/25/2013 Title: Administrator			
Processed 03/25/2013		* Electronically provided signatures are accepted as original signatures.			