

No. W 87501		Due no later than Oct 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NORTH IDAHO SURGERY, PLLC JOHN P LUNDEBY 14109 S ROSA BUTTE LANE SPOKANE WA 99224 USA		JOHN P LUNDEBY M.D. 115 S 2ND STREET COEUR D'ALENE ID 83814			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name JOHN P LUNDEBY	Street or PO Address 524 WEST 6TH AVENUE		City SPOKANE	State WA	Country USA	Postal Code 99204
5. Organized Under the Laws of: ID W 87501		6. Annual Report must be signed.* Signature: John P. Lundeby, MD Name (type or print): John P. Lundeby, MD Date: 08/21/2017 Title: Member/Owner					
Processed 08/21/2017 * Electronically provided signatures are accepted as original signatures.							