

No. W 29572		Due no later than Mar 31, 2012		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. COEUR D' ALENE ARTHRITIS CLINIC, PLLC 950 IRONWOOD DR COEUR D'ALENE ID 83814		CRAIG W WIESENHUTTER MD 950 IRONWOOD DR 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
MEMBER	CRAIG W WIESENHUTTER MD	950 IRONWOOD DR	COEUR D'ALENE	ID	USA
Postal Code 83814					
5. Organized Under the Laws of: ID W 29572		6. Annual Report must be signed.* Signature: Craig Wiesenhutter Name (type or print): Craig Wiesenhutter			
		Date: 01/09/2012 Title: Member			
Processed 01/09/2012		* Electronically provided signatures are accepted as original signatures.			