

No. W 15236		Due no later than May 31, 2018		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		SCOTT MAGNUSON 1686 W. RIVERSTONE DR. #1 COEUR D'ALENE ID 83814-5779	
		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 83814-5779 USA		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	MICHELE MAGNUSON	1686 W. RIVERSTONE DR. #1	COEUR D ALENE	ID	USA 83814-5779
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 15236		Signature: Michele Magnuson		Date: 05/02/2018	
		Name (type or print): Michele Magnuson		Title: Member	
Processed 05/02/2018		* Electronically provided signatures are accepted as original signatures.			