

No. W 15236		Due no later than May 31, 2015		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.	COEUR D ALENE	ID	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: 04/23/2015 Title: Administrator			
Processed 04/23/2015		* Electronically provided signatures are accepted as original signatures.			