

No. W 3668	Due no later than Mar 31, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHARLES P SCHNEIDER MD 206 EAST ELM ST CALDWELL ID 83605-4815		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SNAKE RIVER SPORTS MEDICINE, L.L.C. % PHILIP A PETERSON PO BOX 247 NAMPA ID 83653-0247		3. New Registered Agent Signature.		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member	Name	Street or PO Address	City	State Country	Postal Code
Manager Member (circle one)					
MEMBER MEMBER	CHARLES P. SCHNEIDER, M.D. GEORGE A. NICOLA, M.D.	206 EAST ELM STREET 206 EAST ELM STREET	CALDWELL CALDWELL	ID USA ID USA	83605-4815 83605-4815
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5. Organized Under the Laws of: IDAHO W 3668		6. Signature: <u>Charles P. Schneider MD</u> Name (type or print): CHARLES P. SCHNEIDER, M.D.		Date: <u>02/08/2012</u> Title: MEMBER	
Issued 02/02/2012 by KAH					129827

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM