

No. W 66908	Due no later than Sep 30, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CLEARWATER NEUROSURGERY & SPINAL SURGERY ASSOCIATES, PLLC T WILLIAM HILL 3326 4TH ST STE 6 LEWISTON ID 83501 USA		T WILLIAM HILL MD 3326 4TH ST STE 6 LEWISTON ID 83501			
			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	T WILLIAM HILL MD	324 5TH ST	LEWISTON	ID		83501
5. Organized Under the Laws of: ID W 66908	6. Annual Report must be signed.* Signature: t. william hill, m.d. Name (type or print): t. william hill, m.d.		Date: 10/26/2015 Title: member			
Processed 10/26/2015		* Electronically provided signatures are accepted as original signatures.				