

No. <b>W 62115</b>	<b>Due no later than May 31, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		HOLLY ZOE MD 1254 CABIN COVE IDAHO FALLS ID 83404			
	ZOE INTERVENTIONAL PAIN MANAGEMENT, LLC HOLLY ZOE 1254 CABIN COVE IDAHO FALLS ID 83404 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
MANAGER	HOLLY ZOE	1254 CABIN COVE	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:  <b>ID W 62115</b>		6. Annual Report must be signed.* Signature: Holly Zoe Name (type or print): Holly Zoe Date: 03/23/2009 Title: Holly Zoe				
Processed 03/23/2009		* Electronically provided signatures are accepted as original signatures.				