

No. W 29572

Due no later than March 31, 2009

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

COEUR D' ALENE ARTHRITIS CLINIC, PL
950 IRONWOOD DR
COEUR D'ALENE, ID 83814

CRAIG W WIESENHUTTER MD
950 IRONWOOD DR
COEUR D'ALENE, ID 83814

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held

Name

Street or P.O. Address

City

State

Zip

Member Craig Wiesenhutter, 950 Ironwood Dr., Coeur d' Alene, ID83814

5. Organized Under the Laws of:

IDAHO
W 29572

6.

~~Signature~~

Date 2/25/09

Name (Typed or Printed)

Craig Wiesenhutter

Title Member

Issued 01/05/2009

Do Not Tape or Staple

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