

No. W 15236

Due no later than May 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

PAIN MANAGEMENT OF NORTH IDAHO, PLL
~~2003 LINCOLN WAY #310~~ 2003 Kootenai Health
COEUR D ALENE, ID 83814 Parkway, #310SCOTT MAGNUSON
2003 LINCOLN WAY #310
COEUR D ALENE, ID 83814NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Owner	Scott Magnuson	2003 Kootenai Health Pkwy #310	Coeur d'Alene	ID	83814

5. Organized Under the Laws of:
IDAHO
W 15236

6.

Signature

Michele A. Magnuson

Date

4/15/09

Name (Typed or Printed)

Michele A. Magnuson

Title

Office Manager

Issued 03/02/2009

Do Not Tape or Staple

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