

No. W 23497	Due no later than Apr 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. VERST SPINE & ORTHOPEDIC CARE, PLLC ELAINE JEX 15 W GALENA ST HAILEY ID 83333 USA		DAVID B VERST 200 LET'ER BUCK HAILEY 83333			
			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	DAVID B VERST MD	PO BOX 3703	HAILEY	ID		83333
5. Organized Under the Laws of: ID W 23497		6. Annual Report must be signed.* Signature: Elaine Jex Name (type or print): Elaine Jex Date: 02/23/2015 Title: Financial & Billing Manage				
Processed 02/23/2015		* Electronically provided signatures are accepted as original signatures.				