

No. W 77032		Due no later than Aug 31, 2014		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. NORTH IDAHO NEUROSURGERY SERVICES, LLC JEFFREY LARSON MD 3320 N GRAND MILL LANE COEUR D ALENE ID 83814 USA		JEFFREY LARSON MD 3320 N GRAND MILL LANE COEUR D'ALENE ID 83814		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	JEFFREY J LARSON, M.D.	3320 N GRAND MILL LANE	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID W 77032		6. Annual Report must be signed.* Signature: Lisa R Watkins Name (type or print): Lisa R Watkins		Date: 07/29/2014 Title: Accountant			
Processed 07/29/2014		* Electronically provided signatures are accepted as original signatures.					