

No. W 39405		Due no later than May 31, 2007		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. PAIN MANAGEMENT CLINIC PLLC 329 S WOODRUFF IDAHO FALLS ID 83401		DAVID BOWMAN 329 S WOODRUFF IDAHO FALLS ID 83401	
				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	DAVID BOWMAN	740 S WOODRUFF	IDAHO FALLS	ID	83401
5. Organized Under the Laws of: IDAHO W 39405		6. Annual Report must be signed.* Signature: DAVID BOWMAN Name (type or print): DAVID BOWMAN Date: 03/07/2007 Title: MANAGER			
Processed 03/07/2007		* Electronically provided signatures are accepted as original signatures.			