No. <b>W 52928</b>	Due no later than Jul 31, 2015	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	BRET A DIRKS MD
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	850 W IRONWOOD DR #300 COEUR D'ALENE ID 83814
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	INLAND NORTHWEST SPINE & NEUROSURGERY PLLC BRET A DIRKS MD 850 W IRONWOOD DR #300	COEUR D'ALENE ID 63814
	COEUR D ALENE ID 83814	3. New Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE		
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.	
Office Held Name	Street or PO Address	City State Country Postal Code
MEMBER BRET A DIR	kks MD 850 W IRONWOOD DR #300	COEUR D'ALENE ID 83814
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: bret a dirks	Date: 05/18/2015
W 52928	Name (type or print): bret a dirks	Title: member
Processed 05/18/2015 * Electronically provided signatures are accepted as original signatures.		