No. C 200704		Due no later than Jan 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. PAIN MD, PC 223 W IRONWOOD DR COEUR D ALENE ID 83814		2. Regist	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				223 W COEUF	EMILY AUTOR 223 W IRONWOOD DR COEUR D ALENE ID 83814 3. New Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). Office Held Name Street or PO Address City State Country Postal Code							
VICE PRESIDENT	MICHAEL CL	ARK PAVEY	4720 E. 14TH		IE VALLEY WA	USA	99212
5. Organized Under the Laws of: ID C 200704		6. Annual Report must be signed.* Signature: Emily Autor Name (type or print): Emily Autor			Date: 01/05/2016 Title: Owner		
Processed 01/05/2016		* Electronically provided signatures are accepted as original signatures.					