

No. W 62115		Due no later than May 31, 2011		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. ZOE INTERVENTIONAL PAIN MANAGEMENT, LLC HOLLY ZOE 1341 E. 17TH STREET IDAHO FALLS ID 83404 USA		HOLLY ZOE MD 4417 S HOLMES IDAHO FALLS ID 83404			
				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	HOLLY ZOE	4417 S HOLMES	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID W 62115		6. Annual Report must be signed.* Signature: Holly Zoe Name (type or print): Holly Zoe Date: 06/27/2011 Title: Member					
Processed 06/27/2011		* Electronically provided signatures are accepted as original signatures.					