

No. W 15236

Due no later than May 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

PAIN MANAGEMENT OF NORTH IDAHO, PLL
2003 LINCOLN WAY #310
COEUR D ALENE, ID 83814

SCOTT MAGNUSON
2003 LINCOLN WAY #310
COEUR D ALENE, ID 83814

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Scott Magnuson	2003 Lincoln Way #310	Coeur d'Alene	ID	83814

5. Organized Under the Laws of:

IDAHO
W 15236

6.

Signature

Michael A. Magnuson

Date

4/18/07

Name (Typed or Printed)

Michelle A. Magnuson

Title

Office Manager

Issued 03/01/2007

Do Not Tape or Staple

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