

No. <b>W 22718</b>	<b>Due no later than February 29, 2004 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box if applicable <b>REXBURG SLEEP INSTITUTE, LLC</b>  PO BOX 1391  POCATELLO, ID 83204		ERIC L OLSEN 201 E CENTER  POCATELLO, ID 83204  3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers.  <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Daron Scherr</td> <td>175 Tauphoos Dr.</td> <td>Idaho Falls,</td> <td>ID</td> <td>83402</td> </tr> <tr> <td>Manager</td> <td>Allan Jeffery</td> <td>441 Maple Dr.</td> <td>Rexburg,</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Daron Scherr	175 Tauphoos Dr.	Idaho Falls,	ID	83402	Manager	Allan Jeffery	441 Maple Dr.	Rexburg,	ID	83440
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5. Organized Under the Laws of:  IDAHO W 22718	6. Signature <u>Daron Scherr</u> Date <u>2/6/04</u>  Name <small>(Typed or Printed)</small> <u>Daron Scherr</u> Title <u>Manager</u>																				