

No. W 67177		Due no later than Sep 30, 2009		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. OPTIMAL HEALTH MEDICAL INSTITUTE, PLLC RALPH M SUTHERLIN 3224 N. MAPLE GROVE RD. BOISE ID 83704 USA		RALPH M SUTHERLIN 6126 S SETTLEMENT WAY BOISE ID 83716			
				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	RALPH M SUTHERLIN	6126 S SETTLEMENT WAY	BOISE	ID	USA	83716	
MEMBER	DANIEL L HANSON	3224 N. MAPLE GROVE RD.	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 67177		Signature: Ralph M. Sutherlin				Date: 07/23/2009	
		Name (type or print): Ralph M. Sutherlin				Title: Owner/member	
Processed 07/23/2009		* Electronically provided signatures are accepted as original signatures.					