

No. W 46504

Due no later than January 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:

IDAHO SLEEP AND NEUROLOGY, PLLC
WADE S HARRIS
~~1111 ARLINGTON RD~~ 1818 S. 10th Ave.
CALDWELL, ID 83605 suite 240

WADE S HARRIS

~~1111 ARLINGTON RD~~ 1818 S. 10th Ave.
CALDWELL, ID 83605 suite 240NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Wade S. Harris	1818 S. 10th Ave. Suite 240	Caldwell	Idaho	83605

5. Organized Under the Laws of:

IDAHO
W 46504

6.

Signature

Wade S. Harris

Date

11/10/06

Name (Typed or Printed)

Wade S. Harris

Title

Manager

Issued 11/01/2006

Do Not Tape or Staple

200701008695