

No. W 13469	Due no later than Nov 30, 2009 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CARLITO RHO ZARAGOZA 610 W HUBBARD STE 133 COEUR D'ALENE ID 83814
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ANCIENT LAKE ACUPUNCTURE AND ORIENTAL MEDICINE CLINIC, L.L.C. CARLITO RHO ZARAGOZA 610 W HUBBARD STE 133 COEUR D ALENE ID 83814		
3. New Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.			
Office Held	Name	Street or PO Address	City State Country Postal Code
Member	Carlito Rho Zaragoza	610 West Hubbard #133 Coeur d'Alene	Idaho Kootenai 83814
5. Organized Under the Laws of: 6.			
IDAHO W 13469	Signature: <u>C. Rho Zaragoza</u>		Date: <u>10/21/09</u>
	Name (type or print): <u>Carlito Rho Zaragoza</u>		Title: <u>Member</u>
Issued 10/06/2009 by KAH			200911003979

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM