

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	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.	
NO FILING FEE IF RECEIVED BY DUE DATE				
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				
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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM