

No. W 53339		Due no later than Aug 31, 2009 Annual Report Form		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. IDAHO SLEEP SERVICES LLC. CARRIE E BEASLEY 7272 W POTOMAC DRIVE BOISE ID 83704		DONALD J BEASLEY 7272 W POTOMAC DRIVE BOISE ID 83704			
				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	
MANAGER	DONALD BEASLEY	5606 PLYMOUTH	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID W 53339		6. Annual Report must be signed.* Signature: Don Beasley Name (type or print): Don Beasley Date: 06/12/2009 Title: Manager					
Processed 06/12/2009		* Electronically provided signatures are accepted as original signatures.					