No. W 12630

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than August 31, 2008

Annual Report Form

1. Mailing Address - Correct in this box, if applicable

CATHERINE L. LINDERMAN, M.D., PLLC
CATHERINE L LINDERMAN MD
5559 N YELLOWSTONE
IDAHO FALLS, ID 83401

2. Registered Agent and Office **NO PO BOX**

CATHERINE L LINDERMAN MD
5559 N YELLOWSTONE
IDAHO FALLS, ID 83401

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
member	Catherine L. Linderman	5559 N. Yellowstone Hwy	Idaho Falls	ID	83401

5. Organized Under the Laws of:
IDAHO
W 12630

6.
Signature Catherine L. Linderman M.D. Date 6-12-08
Name (Typed or Printed) CATHERINE L. LINDERMAN MD Title OWNER

ISSUE: 06/02/2008

Do Not Tape or Staple

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