

No. W 22718		Due no later than Feb 28, 2007		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. REXBURG SLEEP INSTITUTE, LLC DARON SCHERR 268 SPRINGWOOD LN. IDAHO FALLS ID 83404		ERIC L OLSEN 201 E CENTER POCATELLO ID 83204	
				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	DARON SCHERR	268 SPRINGWOOD LN.	IDAHO FALLS	ID	83404
MANAGER	ALLAN JEFFERY	232 E. 1 N.	REXBURG	ID	83440
5. Organized Under the Laws of: IDAHO W 22718		6. Annual Report must be signed.* Signature: DARON SCHERR Name (type or print): DARON SCHERR Date: 02/28/2007 Title: MEMBER			
Processed 02/28/2007		* Electronically provided signatures are accepted as original signatures.			