| No. W 17551 | | Due no later than Dec 31, 2010 | | 2. Register | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|--|--|----------------------|--|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. COVELLI PULMONARY, L.L.C. HENRY COVELLI 820 COLES LOOP RD POST FALLS ID 83854 | | 820 CO POST F | HENRY COVELLI 820 COLES LOOP RD POST FALLS ID 83854 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| The state of the s | | mes and Addresses | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER MEMBER | | | 820 N COLES LOOP RD 820 COLES LOOP RD | POST FAI POST FAI | | USA USA | 83854 83854 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 17551 | | Signature: Henry Covelli | | | Date: 10/10/2010 | | | |
| | | Name (type or print): Henry Covelli | | | Title: Manager | | | |
| Processed 10/10/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |