

No. **C 106536**

Due no later than June 30, 2005
Annual Report Form

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

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

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

IDAHO DIAGNOSTIC SLEEP LAB, INC.
DIANA LINCOLN HAYE
526-C SHOUP AVE WEST
TWIN FALLS, ID 83301

DIANA LINCOLN-HAYE
526-C SHOUP AVE WEST
TWIN FALLS, ID 83301

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held

Name

Street or P.O. Address

City

State

Zip

Pres. *Diana Lincoln-Haye* 526-C Shoup Ave Twin Falls *ID* 83301

5. Organized Under the Laws of:

IDAHO
C 106536

6.

Signature

Date

4-12-05

Name

Typed or
Printed

Diana Lincoln-Haye

Title

Pres.

Issued 04/01/2005

Do Not Tape or Staple

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