

No. W 30998		Due no later than Jun 30, 2009		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. MERIDIAN ADULT MEDICINE, PLLC TERESA H LOWNEY 520 S EAGLE RD #1221 MERIDIAN ID 83642 USA		LOUIS M SCHLICKMAN, MD 520 S EAGLE RD #1221 MERIDIAN ID 83642			
				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	
MEMBER	LOUIS M SCHLICKMAN, MD	520 S EAGLE RD #1221	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 30998		Signature: Louis M Schlickman, Md				Date: 04/14/2009	
		Name (type or print): Louis M Schlickman, Md				Title: Owner	
Processed 04/14/2009		* Electronically provided signatures are accepted as original signatures.					