No. **C 122498**	**Due no later than Jan 31, 2009** **Annual Report Form**	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.** SLEEP DISORDER CENTER OF EASTERN IDAHO, INC. SANDRA JACKSON 3456 E 17TH ST STE 140 IDAHO FALLS ID 83406	SANDRA JACKSON 2001 S WOODRUFF STE 11 IDAHO FALLS ID 83404 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	SANDRA JACKSON	2001 S WOODRUFF	IDAHO FALLS	ID	USA	83404
SECRETARY	SANDRA JACKSON	2001 S WOODRUFF	IDAHO FALLS	ID	USA	83404
DIRECTOR	SANDRA JACKSON	2001 S WOODRUFF	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 122498**	Signature: Robert Crandall	Date: 11/29/2010
	Name (type or print): Robert Crandall	Title: Attorney

Processed 11/29/2010

* Electronically provided signatures are accepted as original signatures.