

No. W 52588	Due no later than Jul 31, 2012 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. CONFLUENCE SLEEP & PULMONARY, LLC LUKE A PLUTO 307 ST JOHNS WAY STE 16 LEWISTON ID 83501-2435		LUKE A PLUTO 307 ST JOHNS WAY STE 16 LEWISTON ID 83501-2435			
			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	LUKE A PLUTO	307 ST JOHNS WAY STE 16	LEWISTON	ID	USA	83501-2435
5. Organized Under the Laws of: ID W 52588	6. Annual Report must be signed.* Signature: Luke A Pluto Name (type or print): Luke A Pluto		Date: 05/10/2012 Title: Member			
Processed 05/10/2012		* Electronically provided signatures are accepted as original signatures.				