

No. W 17382		Due no later than Dec 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		1. Mailing Address: Correct in this box if needed. LAKE PEND OREILLE EMERGENCY MEDICINE, P.L.L.C. KEN GRAMYK MD PO BOX 729 SAGLE ID 83860 USA		KEN GRAMYK MD 3734 LAKESHORE DR SAGLE ID 83860			
NO FILING FEE IF RECEIVED BY DUE DATE				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	WILLIAM WHEELER MD	PO BOX 27	LACLEDE	ID	USA	83841	
MEMBER	KEN GRAMYK MD	3734 LAKESHORE DR	SAGLE	ID	USA	83860	
5. Organized Under the Laws of: ID W 17382		6. Annual Report must be signed.* Signature: Ken Gramyk Name (type or print): Ken Gramyk Date: 11/09/2009 Title: President					
Processed 11/09/2009 * Electronically provided signatures are accepted as original signatures.							