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|--|--------------------|--|----------|---|---------|------------------------------|--|
| No. W 45347 | | Due no later than Dec 31, 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. DR. TOM HELVEY, L.L.C. MAGDALENA A SEDZIMIR 30336 A HIGHWAY 200 PONDERAY ID 83852 | | DOUGLAS S MARFICE 700 NORTHWEST BLVD COEUR D'ALENE ID 83816 | | | |
| | | | | 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 | THOMAS HELVEY | 30336 A HIGHWAY 200 | PONDERAY | ID | USA | 83852 | |
| MEMBER | MAGDALENA SEDZIMIR | 30336 A HIGHWAY 200 | PONDERAY | ID | USA | 83852 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 45347 | | Signature: Magdalena Sedzimir | | | | Date: 11/24/2009 | |
| | | Name (type or print): Magdalena Sedzimir | | | | Title: Office Manager/Member | |
| Processed 11/24/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |