

No. W 26513		Due no later than Oct 31, 2007 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. SOUTHWEST IDAHO PULMONARY ASSOCIATES, PLLC PAULA CARVALHO 907 HEARTHSTONE DR BOISE ID 83702 USA		PAULA CARVALHO 907 HEARTHSTONE DR BOISE ID 83702			
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	PAULA CARVALHO	907 HEARTHSTONE DR	BOISE	ID	USA	83702	
MEMBER	WILLIAM H THOMPSON	4870 N SKYLINE DR	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID W 26513		6. Annual Report must be signed.* Signature: Paula Carvalho Name (type or print): Paula Carvalho					
		Date: 11/05/2007 Title: Member					
Processed 11/05/2007		* Electronically provided signatures are accepted as original signatures.					