| No. <b>W 45349</b>   |                                  | Due no later than Dec 31, 2015   |                                   | 2. Registered A        | 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.  PONDERAY PROFESSIONAL CENTER, L.L.C.  MAGDALENA A SEDZIMIR  550 MOONMIST COURT  HIGHLANDS RANCH CO 80126 |                                   | 700 NORTHW             | DOUGLAS S MARFICE 700 NORTHWEST BLVD COEUR D'ALENE ID 83816 |         |             |  |
|  |                                  |  |                                   | 3. <u>New</u> Register | 3. <u>New</u> Registered Agent Signature:*                  |         |             |  |
|  |                                  | nes and Addresses o  | f at least one Member or Manager. |                        |   |         |             |  |
| Office Held  | Name                             |  | Street or PO Address              | City                   | State   | Country | Postal Code |  |
| MEMBER   | THOMAS HELVEY MAGDALENA SEDZIMIR |  | 550 MOONMIST COURT                | HIGHLANDS<br>RANCH     | ID  |         | 80126       |  |
| MEMBER   |                                  |  | 550 MOONMIST COURT                | HIGHLANDS<br>RANCH     | СО  |         | 80126       |  |
| 5. Organized Under the Laws of:  |                                  | 6. Annual Report m   |                                   |                        |   |         |             |  |
| ID<br>W 45349  |                                  | Signature: Magda   |                                   | Date: 10/23/2015       |   |         |             |  |
|  |                                  | Name (type or pr   |                                   | Title: member          |   |         |             |  |
| Processed 10/23/2015 * Electronically provided signatures are accepted as original signatures.                             |                                  |  |                                   |                        |   |         |             |  |