

No. W 17551	Due no later than December 31, 2006 Annual Report Form		2. Registered Agent and Office 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 applicable COVELLI PULMONARY, L.L.C. HENRY COVELLI 5583 SHORELINE DR POST FALLS, ID 83854		HENRY COVELLI 5583 SHORELINE DR POST FALLS, ID 83854 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>MANAGER Henry P Covelli</td> <td>820 Coles Loop Rd</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip		MANAGER Henry P Covelli	820 Coles Loop Rd	POST FALLS	ID	83854
Office held	Name	Street or P.O. Address	City	State	Zip										
	MANAGER Henry P Covelli	820 Coles Loop Rd	POST FALLS	ID	83854										
5. Organized Under the Laws of: IDAHO W 17551		6. Signature <u>[Signature]</u> Date <u>10/10/06</u> Name (Typed or Printed) <u>Henry D Covelli</u> Title <u>MANAGER</u>													

Issued 10/02/2006

Do Not Tape or Staple

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