

| No. C 160882 | | Due no later than Jun 30, 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 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. WESTERN SLEEP DISORDER CENTER, INC. SEAN D CHRISTENSEN 526-C SHOUP AVE W TWIN FALLS ID 83301 | | SEAN D CHRISTENSEN 526-C SHOUP AVE W TWIN FALLS ID 83301 | | | |
| | | | | | | 3. <u>New</u> Registered Agent Signature:* | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | SEAN D CHRISTENSEN | 526-C SHOUP AVE WEST | TWIN FALLS | ID | USA | 83301 | |
| SECRETARY | SEAN D CHRISTENSEN | 526-C SHOUP AVE WEST | TWIN FALLS | ID | USA | 83301 | |
| DIRECTOR | SEAN D CHRISTENSEN | 526-C SHOUP AVE WEST | TWIN FALLS | ID | USA | 83301 | |
| TREASURER | SEAN D CHRISTENSEN | 526-C SHOUP AVE WEST | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: ID C 160882 | | 6. Annual Report must be signed.* Signature: Sean D Christensen Name (type or print): Sean D Christensen | | | | | |
| | | Date: 04/15/2009 Title: President | | | | | |
| Processed 04/15/2009 * Electronically provided signatures are accepted as original signatures. | | | | | | | |