

No. <b>C 160882</b>		<b>Due no later than Jun 30, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> 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: <b>ID C 160882</b>		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.					