

No. W 31546		Due no later than Jun 30, 2009		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. SUPERIOR MEDICAL BUILDING, LLC TTTT TTT LAWRENCE 1327 SUPERIOR SANDPOINT ID 83864		THOMAS L LAWRENCE MD 1327 SUPERIOR SANDPOINT ID 83864			
				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	HUGH W LEEDY MD	1327 SUPERIOR	SANDPOINT	ID	USA	83864	
MEMBER	STEVE SODORFF	1327 SUPERIOR	SANDPOINT	ID	USA	83864	
MEMBER	THOMAS L LAWRENCE	1327 SUPERIOR	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed. *					
ID W 31546		Signature: Thomas L Lawrence MD Name (type or print): Thomas L Lawrence MD				Date: 04/19/2009 Title: Member	
Processed 04/19/2009		* Electronically provided signatures are accepted as original signatures.					