

No. W 31546		Due no later than Jun 30, 2013 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		1. Mailing Address: Correct in this box if needed. SUPERIOR MEDICAL BUILDING, LLC DEBRA LAWRENCE 570 TURTLE ROCK ROAD SANDPOINT ID 83864 USA		THOMAS L LAWRENCE MD 570 TURTLE ROCK ROAD SANDPOINT ID 83864			
NO FILING FEE IF RECEIVED BY DUE DATE				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: ID W 31546		6. Annual Report must be signed.* Signature: Thomas Lawrence Name (type or print): Thomas Lawrence					
		Date: 05/29/2013 Title: Partner					
Processed 05/29/2013 * Electronically provided signatures are accepted as original signatures.							