

No. W 66402

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF
RECEIVED BY DUE DATE

Due no later than September 30, 2008

Annual Report Form

1. Mailing Address - Correct in this box, if applicable

MD FREEMAN, LLC
2660 SLICE DR
POST FALLS, ID 83854

2. Registered Agent and Office NO PO BOX

MIKEL FREEMAN
402 E SELTICE AVE
POST FALLS, ID 83854

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held

Name

Street or P.O. Address

City

State

Zip

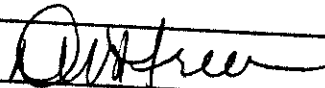
Manager Desiree Freeman 2660 Slice Dr Post Falls ID 83854

5. Organized Under the Laws of:

IDAHO
W 66402

6.

Signature



Date

7/30/08

Name (Typed or Printed)

Desiree Freeman

Title

Manager

Issued 07/01/2008

Do Not Tape or Staple

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