

No. W 31546	Due no later than June 30, 2008		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		THOMAS L LAWRENCE MD 1327 SUPERIOR SANDPOINT, ID 83864		
	1. Mailing Address - Correct in this box, if applicable SUPERIOR MEDICAL BUILDING, LLC DEBRA LAWRENCE 1327 SUPERIOR SANDPOINT, ID 83864		3. New Registered Agent Signature		
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	THOMAS L LAWRENCE	1327 SUPERIOR	SANDPOINT	ID	83864
	W. HUGH LEEDY	1327 SUPERIOR	SANDPOINT	ID	83864
	STEVE SODORFF	1327 SUPERIOR	SANDPOINT	ID	83864
5. Organized Under the Laws of: IDAHO W 31546		6. Signature <i>Thomas L. Lawrence</i> Date <u>4/21/08</u>			
		Name <small>(Typed or Printed)</small> <u>THOMAS L LAWRENCE</u> Title <u>PARTNER</u>			

Issued 04/01/2008

Do Not Tape or Staple

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