

No. C 122498		Due no later than Jan 31, 2013		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. SLEEP DISORDER CENTER OF EASTERN IDAHO, INC. SANDRA JACKSON 3456 E 17TH ST STE 140 IDAHO FALLS ID 83406		SANDRA JACKSON 2001 S WOODRUFF STE 11 IDAHO FALLS ID 83404			
				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	SANDRA JACKSON	2001 S WOODRUFF	IDAHO FALLS	ID	USA	83404	
SECRETARY	SANDRA JACKSON	2001 S WOODRUFF	IDAHO FALLS	ID	USA	83404	
DIRECTOR	SANDRA JACKSON	2001 S WOODRUFF	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 122498		6. Annual Report must be signed.* Signature: Robert Crandall Name (type or print): Robert Crandall Date: 11/15/2012 Title: Attorney					
Processed 11/15/2012		* Electronically provided signatures are accepted as original signatures.					