No. J 55		Due no later than Jan 31, 2012		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JOYCE A GILBERT MD 420 N 2ND AVE,STE 100 SANDPOINT ID 83864			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.		žП				
		SANDPOINT PEDIATRICS, L.L.P. JOYCE A GILBERT MD 420 N 2ND AVE,STE 100 SANDPOINT ID 83864 USA		SANDPOINT				
				3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Partner	rships: Enter N	ames and Business	Addresses of two (2) or more partners	5.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PARTNER	JOYCE A GI		PO BOX 992	SANDPOINT	ID	USA	83864	
PARTNER GEORGE V D		DELAND MD	1711 JANELLE WAY	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID J 55		Signature: Jackie Windju			Date: 11/14/2011			
		Name (type or print): Jackie Windju			Title: Bookkeeper			
Processed 11/14/2011	* Electronically provided signatures are accepted as original signatures.							