

No. W 48553	Due no later than Mar 31, 2007 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SYMED, LLC RICHARD L MCMASTER 2115 GOVERNMENT WAY, STE 211 COEUR D ALENE ID 83814		RICHARD L MCMASTER 700 IRONWOOD DR STE 220 COEUR D ALENE ID 83814			
			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	NORTH IDAHO HEALTH NETWORK INC	700 IRONWOOD DRIVE, STE 210	COEUR D ALENE	ID		83814
5. Organized Under the Laws of: IDAHO W 48553		6. Annual Report must be signed.* Signature: Richard McMaster Name (type or print): Richard McMaster Date: 02/14/2007 Title: Executive Director				
Processed 02/14/2007		* Electronically provided signatures are accepted as original signatures.				