

No. W 11174	Due no later than Feb 28, 2007 Annual Report Form		2. Registered Agent and Office 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 applicable		KERI ERLAND
	LAKE HARBOR INTERNAL MEDICINE ASSOC 3684 N HARBOR LANE BOISE, ID 83703		3684 N HARBOR LANE BOISE, ID 83703
		3. New Registered Agent Signature	

4. Limited Liability Companies: Enter Names and Addresses of Members. *single member*

Office held	Name	Street or P.O. Address	City	State	Zip
<i>veg. Assn. member.</i>	<i>Keri Erland</i>	<i>3684 N. Harbor Ln</i>	<i>Boise</i>	<i>ID</i>	<i>83703</i>

5. Organized Under the Laws of: IDAHO W 11174	6. Signature <u><i>Keri Erland, MD</i></u> Date <u><i>3-6-07</i></u>	
	Name (Typed or Printed) <u><i>Keri Erland, MD</i></u> Title <u><i>MEMBER / P.D. OWNER</i></u>	

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Do Not Tape or Staple

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Fold, seal and mail this portion.

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