

No. W 11174

Due no later than February 29, 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

Annual Report Form

KERI ERLAND
3684 N HARBOR LANE
BOISE, ID 83703

1. Mailing Address - Correct in this box, if applicable

LAKE HARBOR INTERNAL MEDICINE ASSOC
3684 N HARBOR LANE
BOISE, ID 83703

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held	Name	Street or P.O. Address	City	State	Zip
regist Agent	Keri Erland	3684 N. Harbor Ln	Boise	ID	83703

5. Organized Under the Laws of:

IDAHO
W 11174

6.

Signature

Keri Erland

Date

12-11-07

Name (Typed or Printed)

Keri Erland

Title

M.D. MEMBER