

No. **W 34125**

**Due no later than October 31, 2008**

**2. Registered Agent and Office NO PO BOX**

**Annual Report Form**

**Return to:**

**SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080**

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

**OWSLEY-MULLEN, LLC  
750 N SYRINGA ST STE 204  
POST FALLS, ID 83854**

**JOHN F MAGNUSON/ATTY  
1250 NORTHWOOD CTR CT STE A  
COEUR D ALENE, ID 83814**

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

**3. New Registered Agent Signature**

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Coowner	F Mark Owsley P Mullen	750 N Syringa St Ste 204	Post Falls	ID	83854

**5. Organized Under the Laws of:  
IDAHO  
W 34125**

**6.**

**Signature**

**Date**

**Name**

(Typed or Printed)

**Title**

*F Mark Owsley MD*  
**F Mark Owsley MD**

**Aug 25 08**

**Co owner**

**Issued 08/06/2008**

**Do Not Tape or Staple**

**200810005588**