

No. W 11174

Due no later than February 28, 2009

## Annual Report Form

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

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

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

KERI ERLAND  
3684 N HARBOR LANE  
BOISE, ID 83703

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

3. New Registered Agent Signature

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

| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u>   | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|-------------|---|-------------|--------------|------------|
| MEMBER/<br>OWNER   | Keri Erland | 3684 N Harbor Ln.<br>None Address<br>4103 W. East Oval Hill Ct<br>Boise, ID 83703 | Boise       | ID           | 83703      |

5. Organized Under the Laws of:

IDAHO  
W 11174

6.

Signature

Keri Erland

Date

12-18-08

Name (Typed or Printed)

Keri Erland

Title

member/  
owner

Issued 12/01/2008

Do Not Tape or Staple

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