

No. <b>W 48553</b>	<b>Due no later than Mar 31, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		RICHARD L MCMASTER 700 IRONWOOD DR STE 220 COEUR D ALENE ID 83814			
	SYMED, LLC RICHARD L MCMASTER 2115 GOVERNMENT WAY, STE 211 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	USA	83814
5. Organized Under the Laws of:  <b>ID W 48553</b>		6. Annual Report must be signed.* Signature: Sarah Frades Name (type or print): Sarah Frades		Date: 01/13/2009 Title: Administrative Assistant		
Processed 01/13/2009		* Electronically provided signatures are accepted as original signatures.				