

No. C 122498	Due no later than January 31, 2005 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	1. Mailing Address - Correct in this box, if applicable SLEEP DISORDER CENTER OF EASTERN ID 329 S. WOODRUFF IDAHO FALLS, ID 83401	SANDRA JACKSON 2001 S WOODRUFF STE 11 IDAHO FALLS, ID 83404
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Sandra Jackson	2001 S. Woodruff Suite 11	Idaho Falls,	ID	83404
Secretary:	Sandra Jackson	2001 S Woodruff Suite 11	Idaho Falls,	ID	83404
Directors:	Sandra Jackson	2001 S Woodruff Suite 11	Idah Falls,	ID	83404

5. Organized Under the Laws of: IDAHO C 122498	6. Signature <u><i>Sandra M. Jackson</i></u> Date <u>12-13-04</u> Name (Typed or Printed) <u>Sandra m. Jackson</u> Title <u>Pres</u>
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