| Annual Report Form | 2. Registered Agent and Office NO PO BOX |
|--|---|
| ः 1. Mailing Address - Correct in this box: if applicable 🖖 | SHERYL RICKARD 520 N 3RD SANDPOINT, ID 83864 |
| | New Registered Agent Signature |
| nies: Enter Names and Addresses of Members. | |
| nn,MD 606 N. Thurd Ave. Sare Rickard 520 N. Thurd Ave Son | Apoint ID 83864 Apoint ID 83864 |
| 6. Signature Shery L. Rickar | Date 9/7/07 L Title Owner |
| | PINEGROVE MEDICAL BUILDING, L.L.C. PO BOX 1448 SANDPOINT, ID nies: Enter Names and Addresses of Members. Street or P.O. Address VM, MD 606 N. Thurd Ave. San Rickard 520 N. Thurd Ave Son |