No. W 26431 Return to: SECRETARY OF STATE	Due no later than October 31, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
		CHER JACOBSEN, M.D.
	1. Mailing Address - Correct in this box, if applicable	801 E MEDICAL CT
		POST FALLS, ID 83854
450 NORTH FOURTH STREET	CHER JACOBSEN, M.D., PLLC 801 E MEDICAL CT	
PO BOX 83720	POST FALLS, ID 83854	
BOISE, ID 83720-0080	4	3. New Registered Agent Signature
NO EN INC EEE IE	•	
NO FILING FEE IF		
RECEIVED BY DUE DATE	The Name and Addresses of Members.	
 Limited Liability Compa 	nies: Enter Names and Addresses of Members.	ity <u>State</u> <u>Zip</u>
Office held Name	Street or P.O. Address	<u></u>
Onice Itela	, Jacobsen 801 Emedico	70 83850
manager the	street or P.O. Address Street or P.O. Address Sol E medical	2 (t 15+ Falls ID 83854
. 0	•	
	. "	
		45 (0.5)
5. Organized Under the Laws of:	6.	Deta 9-1807
5. Organized Olider the Exist Sin	Signature	Date
ITALI/1	i Aidi mana a mari	•