No. W 65023		Due no later than Jul 31, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			BJORN SAUERWEIN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BJORN SAUERWEIN MD, LLC BJORN SAUERWEIN 500 S 11TH AVE POCATELLO ID 83201		POCATELLO	500 S 11TH AVE POCATELLO ID 83201 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER BJORN SAUE		ERWEIN	500 S 11TH AVE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Dana Sauerwein			Date: 05/20/2011			
W 65023		Name (type or		Title: Co manager				
Processed 05/20/2011 * Electronically provided signatures are accepted as original signatures.								