

No. <b>W 52588</b>		<b>Due no later than Jul 31, 2008</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> CONFLUENCE SLEEP & PULMONARY, LLC LUKE A PLUTO 307 ST JOHNS WAY STE 16 LEWISTON ID 83501		LUKE A PLUTO 307 ST JOHNS WAY STE 16 LEWISTON ID 83501			
				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	LUKE A PLUTO	307 ST JOHNS WAY STE 16	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 52588</b>		Signature: Luke A. Pluto, M.D.				Date: 05/12/2008	
		Name (type or print): Luke A. Pluto, M.D.				Title: Member	
Processed 05/12/2008		* Electronically provided signatures are accepted as original signatures.					