

No. W 57483		Due no later than Dec 31, 2008		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. MEDICAL OFFICE LLC TROY GEYMAN BOX 208 6488 CHINOOK ST BONNERS FERRY ID 83805		LIGEIA REINHARDT MD HCR 60 BOX 157 BONNERS FERRY ID 83805			
				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	
MANAGER	LIGEIA REINHARDT, MD	116 NOBLE LANE	BONNERS FERRY	ID	USA	83805	
MANAGER	TROY GEYMAN	5853 HIGHWAY 1	BONNERS FERRY	ID	USA	83805	
5. Organized Under the Laws of: ID W 57483		6. Annual Report must be signed.* Signature: Troy Geyman Name (type or print): Troy Geyman Date: 01/09/2009 Title: Manager					
Processed 01/09/2009		* Electronically provided signatures are accepted as original signatures.					