Due no later than August 31, 2008 2. Registered Agent and Office NO PO BOX W 53429 No. **Annual Report Form** ERIC OLSEN 1. Mailing Address - Correct in this box. if applicable 201 E CENTER ST Return to: POCATELLO, ID 83204 SECRETARY OF STATE HEALTH & WELLNESS SLEEP INSTITUTE O 450 NORTH FOURTH STREET 1553 E CENTER ST PO BOX 83720 POCATELLO, ID 83201 BOISE, ID 83720-0080 3. New Registered Agent Signature NO FILING FEE IF RECEIVED BY DUE DATE Limited Liability Companies: Enter Names and Addresses of Managers. State Street or P.O. Address Office held Name POCATELLO ID 83201 DR. DARON SCHERR 1553 E. CENTER OWNER CYNTHIAM. RICE 1553 E. CENTER POCATELLO HELENE POROUS-EDMO 1553 E.CENTER POCATELLO ID A SUM A RESIDENCE OF THE STATE OF THE _ Date _____9-17-08 5. Organized Under the Laws of: Signature _ DAHO ₩ 5342<u>9</u>