| No. W 31546 | | Due | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|----------------------|--|---|---|--|-------------------|-------------------------|--|
| Return to: | | Annual Report Form | | THOMAS L L | THOMAS L LAWRENCE MD 1327 SUPERIOR SANDPOINT ID 83864 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. SUPERIOR MEDICAL BUILDING, LLC DEBRA LAWRENCE 1327 SUPERIOR SANDPOINT ID 83864 USA | | SANDPOINT | | | | |
| | | | | 3. <u>New</u> Register | | | | |
| 4. Limited Liability Compa | ınies: Enter Naı | nes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER MEMBER MEMBER | MEMBER STEVE SODORFF | | 1327 SUPERIOR 1327 SUPERIOR 1327 SUPERIOR | SANDPOINT SANDPOINT SANDPOINT | ID ID ID | USA USA USA | 83864 83864 83864 | |
| 5. Organized Under the Laws of: | | 6. Annual Report i | | | | | | |
| ID W 31546 | | Signature: Tho | | Date: 05/03/2012 | | | | |
| | | Name (type or | | Title: Member | | | | |
| Processed 05/03/2012 | | * Electronically pro | vided signatures are accepted as origina | al signatures. | | | | |