

No. W 35248		Due no later than Dec 31, 2009		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. LAKE CITY SURGEONS, PLLC KEVIN M JOHNSON 608 NW BLVD STE 301 COEUR D ALENE ID 83814 USA		JOHN P LUNDEBY 608 NW BLVD STE 301 COEUR D'ALENE ID 83814			
				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	JOHN P LUNDEBY MD	524 W. 6TH AVE.	SPOKANE	WA	USA	99204	
MEMBER	KEVIN M JOHNSON MD	608 NORTHWEST BLVD, STE. 301	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID W 35248		6. Annual Report must be signed.* Signature: Linda Mari Name (type or print): Linda Mari Date: 10/22/2009 Title: Bookkeeper					
Processed 10/22/2009		* Electronically provided signatures are accepted as original signatures.					