

No. C 160882		Due no later than Jun 30, 2011		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. WESTERN SLEEP DISORDER CENTER, INC. SEAN D CHRISTENSEN 526-C SHOUP AVE W TWIN FALLS ID 83301		SEAN D CHRISTENSEN 526-C SHOUP AVE W TWIN FALLS ID 83301		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	SEAN D CHRISTENSEN	526-C SHOUP AVE WEST	TWIN FALLS	ID	USA	83301
SECRETARY	SEAN D CHRISTENSEN	526-C SHOUP AVE WEST	TWIN FALLS	ID	USA	83301
DIRECTOR	SEAN D CHRISTENSEN	526-C SHOUP AVE WEST	TWIN FALLS	ID	USA	83301
TREASURER	SEAN D CHRISTENSEN	526-C SHOUP AVE WEST	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 160882		6. Annual Report must be signed.* Signature: Sean Christensen Name (type or print): Sean Christensen Date: 04/21/2011 Title: President				
Processed 04/21/2011		* Electronically provided signatures are accepted as original signatures.				