

No. C 144680		Due no later than Jul 31, 2014		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. DARON SCHERR, M.D., P.A. STEVE JONES THE SLEEP INSTITUTE 2900 VALENCIA DR IDAHO FALLS ID 83404		DARON SCHERR 2900 VALENCIA DR IDAHO FALLS ID 83404			
				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	DARON L SCHERR	2900 VALENCIA	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 144680		6. Annual Report must be signed.* Signature: Steve Jones Name (type or print): Steve Jones Date: 05/16/2014 Title: Manager					
Processed 05/16/2014		* Electronically provided signatures are accepted as original signatures.					