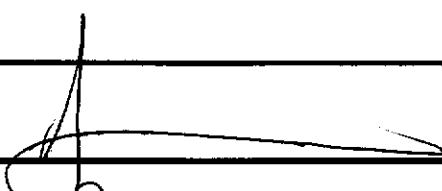


No. W 65023	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) BJORN SAUERWEIN 500 S 11TH AVE POCATELLO ID 83201	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BJORN SAUERWEIN MD, LLC BJORN SAUERWEIN 500 S 11TH AVE POCATELLO ID 83201		3. <u>New</u> Registered Agent Signature.	

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.					
Office Held	Name	Street or PO Address	City	State	Postal Code
<i>president,</i> <i>ceo</i> <i>owner</i>	Dr. Björn Sauerwein PHD, MD	500 S. 11th Ave	poocatello	ID	83201
<i>co-owner</i> <i>bookkeeper</i>	Dana Sauerwein	1407 Juniper Hill Rd	poocatello	ID	83204

5. Organized Under the Laws of: <div style="text-align: center; padding: 10px;"> IDAHO W 65023 </div>	6. <div style="margin-top: 20px;"> Signature:  </div> <div style="margin-top: 10px;"> Name (type or print): BJORN SAUERWEIN </div> <div style="margin-top: 10px; text-align: right;"> Date: 10/16/2010 </div>
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Issued 10/14/2010 by SLD