

No. C 136178		Due no later than Nov 30, 2012		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. SLEEP INSTITUTE, INC. DARON SCHERR 2900 VALENCIA DR IDAHO FALLS ID 83404		DARON SCHEER 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 136178		6. Annual Report must be signed.* Signature: Robert Jones Name (type or print): Robert Jones Date: 11/07/2012 Title: Manager					
Processed 11/07/2012		* Electronically provided signatures are accepted as original signatures.					