

No. C122498	Annual Report Form <i>Due No Later Than November 30,</i> 1999		2. Registered Agent and Office NOT A P.O. BOX SANDRA ROACH 2001 S WOODRUFF STE 11 IDAHO FALLS ID 83404		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address Please Correct If Not Correct SLEEP DISORDER CENTER OF EAS 3494 CREEKSIDE DR 329 S. Woodruff IDAHO FALLS ID 83404		3. Organized Under the Laws of: ID C122498		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Sandra Roach	2001 S. Woodruff STE 11	Idaho Falls	Idaho	83404
Secretary:	Jay Roach	2001 S. Woodruff STE 11	Idaho Falls	Idaho	83404
Directors:	Sandra Roach	2001 S. Woodruff STE 11	Idaho Falls	Idaho	83404
	Jay Roach	2001 S. Woodruff STE 11	Idaho Falls	Idaho	83404
5. Signature of New Registered Agent		6. Signature Date 8-4-99 Name (Typed or Printed) JAY ROACH Title SECRETARY			

ISSUED: 07-03-1999

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