

No. <b>W 67177</b>		<b>Due no later than Sep 30, 2008</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  OPTIMAL HEALTH MEDICAL INSTITUTE, PLLC RALPH M SUTHERLIN 3224 N. MAPLE GROVE RD. BOISE ID 83704 USA		RALPH M SUTHERLIN 6126 S SETTLEMENT WAY BOISE ID 83716			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	DANIEL L HANSON	3224 N. MAPLE GROVE RD.	BOISE	ID	USA	83704	
MANAGER	RALPH M SUTHERLIN	3224 N. MAPLE GROVE RD.	BOISE	ID	USA	83704	
5. Organized Under the Laws of:  <b>ID W 67177</b>		6. Annual Report must be signed.* Signature: Ralph M. Sutherlin Name (type or print): Ralph M. Sutherlin					
Date: 10/07/2008 Title: President							
Processed 10/07/2008		* Electronically provided signatures are accepted as original signatures.					