

No. C 136178

Due no later than November 30, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SLEEP INSTITUTE, INC.
DARON SCHERR
2900 VALENCIA DR
IDAHO FALLS, ID 83404DARON SCHEER
2900 VALENCIA DR
IDAHO FALLS, ID 83404NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President-Director	Daron Scherr	2900 Valencia Dr.	Idaho Falls	Id	83404
Secretary-Director	Susan Scherr	2900 Valencia Dr	Idaho Falls	Id	83404

5. Organized Under the Laws of:

IDAHO
C 136178

6.

Signature

Date

10-02-08

Name (Typed or Printed)

Daron Scherr

Title

President