

No. W 46504		Due no later than Jan 31, 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. IDAHO SLEEP AND NEUROLOGY, PLLC WADE S HARRIS 211 E LOGAN #105 CALDWELL ID 83605		WADE S HARRIS 211 E LOGAN #105 CALDWELL ID 83605			
				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	WADE S HARRIS	1717 ARLINGTON RD	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of: ID W 46504		6. Annual Report must be signed.* Signature: Wade S Harris Name (type or print): Wade S Harris Date: 11/08/2011 Title: Md					
Processed 11/08/2011		* Electronically provided signatures are accepted as original signatures.					