

<b>No. W 31546</b>	<b>Due no later than June 30, 2005</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>  THOMAS L LAWRENCE MD 1327 SUPERIOR SANDPOINT, ID 83864																								
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>1. Mailing Address - Correct in this box, if applicable</b>  SUPERIOR MEDICAL BUILDING, LLC 1327 SUPERIOR SANDPOINT, ID 83864		3. <u>New</u> Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 10%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>W. HUGH LEEDY</td> <td>1327 SUPERIOR</td> <td>SANDPOINT</td> <td>ID</td> <td>83864</td> </tr> <tr> <td>MEMBER</td> <td>TL LAWRENCE</td> <td>1327 SUPERIOR</td> <td>SANDPOINT</td> <td>ID</td> <td>83864</td> </tr> <tr> <td>MEMBER</td> <td>STEVE SODORFF</td> <td>1327 SUPERIOR</td> <td>SANDPOINT</td> <td>ID</td> <td>83864</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	MEMBER	W. HUGH LEEDY	1327 SUPERIOR	SANDPOINT	ID	83864	MEMBER	TL LAWRENCE	1327 SUPERIOR	SANDPOINT	ID	83864	MEMBER	STEVE SODORFF	1327 SUPERIOR	SANDPOINT	ID	83864
Office held	Name	Street or P.O. Address	City	State	Zip																						
MEMBER	W. HUGH LEEDY	1327 SUPERIOR	SANDPOINT	ID	83864																						
MEMBER	TL LAWRENCE	1327 SUPERIOR	SANDPOINT	ID	83864																						
MEMBER	STEVE SODORFF	1327 SUPERIOR	SANDPOINT	ID	83864																						
5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO W 31546</div>		6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature <u>Thomas L. Lawrence</u></td> <td style="width: 40%;">Date <u>4/19/2005</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>THOMAS L LAWRENCE</u></td> <td>Title <u>MEMBER</u></td> </tr> </table>		Signature <u>Thomas L. Lawrence</u>	Date <u>4/19/2005</u>	Name (Typed or Printed) <u>THOMAS L LAWRENCE</u>	Title <u>MEMBER</u>																				
Signature <u>Thomas L. Lawrence</u>	Date <u>4/19/2005</u>																										
Name (Typed or Printed) <u>THOMAS L LAWRENCE</u>	Title <u>MEMBER</u>																										

Issued 04/01/2005

Do Not Tape or Staple

200506001937