

No. **C 144680**

**Due no later than July 31, 2006**

**Annual Report Form**

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

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

DARON SCHERR, M.D., P.A. The Sleep Institute  
DARON SCHERR 2900 Valencia Dr.  
~~2001 S WOODRUFF STE 16~~ IDAHO FALLS, ID 83404  
IDAHO FALLS, ID 83404

2. Registered Agent and Office **NO PO BOX**

DARON SCHERR  
~~2001 S WOODRUFF STE 16~~  
IDAHO FALLS, ID 83404

*note new address*

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

*note new address*

3. 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	Daron Scherr	2900 Valencia Drive	IDAHO FALLS	ID	83404

5. Organized Under the Laws of:

IDAHO  
C 144680

6.

Signature

Date

*08/16/06*

Name (Typed or Printed)

Title

*President*

200607004014