

No. W 13272		Due no later than Oct 31, 2009		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. STONE RIDGE PROFESSIONAL PLAZA, LLC NEILS W LARSEN 950 HOSPITAL WAY STE B POCATELLO ID 83201 USA		NEILS W LARSEN 950 HOSPITAL WAY STE B POCATELLO ID 83201			
				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	
MANAGER	NEILS W LARSEN	950 HOSPITAL WAY STE B	POCATELLO	ID	USA	83201	
MEMBER	CHRISTIAN C YOST	8435 W PARKS RD	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 13272		Signature: Neils W. Larsen				Date: 09/26/2009	
		Name (type or print): Neils W. Larsen				Title: Manager	
Processed 09/26/2009		* Electronically provided signatures are accepted as original signatures.					