| No. W 46779 | Due no later than January 31, 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 SAWTOOTH MEDICAL RESEARCH, LLC 2086 PICKET LANE EMMETT, ID 83617 | ANGIE JENKINS 2086 PICKET LANE EMMETT, ID 83617 |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Compa | inies: Enter Names and Addresses of Managers. | 3. <u>New</u> Registered Agent Signature |
| Office held Name | · · · · · · · · · · · · · · · · · · · | sett Idaho 83617 |
| J., | | |
| | | |
| 5. Organized Under the Laws of: IDAHO W 46779 | Signature MAU WWW. Name (Typed or AMIC ENKIN | Date 11/11/7 S Title Manager |
| Issued 11/01/2007 | Do Not Tape or Staple | 200801008540 |