No. **W 46504**	**Due no later than Jan 31, 2010** **Annual Report Form**	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**	**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. New 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	WADE S HARRIS	211 E LOGAN #105	CALDWELL	ID	USA	83605

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 46504**	Signature: Wade S. Harris	Date: 11/18/2009
	Name (type or print): Wade S. Harris	Title: Manager

Processed 11/18/2009

* Electronically provided signatures are accepted as original signatures.