

No. C 144680	Due no later than Jul 31, 2012 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.		DARON SCHERR 2900 VALENCIA DR IDAHO FALLS ID 83404			
	DARON SCHERR, M.D., P.A. STEVE JONES THE SLEEP INSTITUTE 2900 VALENCIA DR IDAHO FALLS ID 83404		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	DARON L SCHERR	2900 VALENCIA	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID C 144680		6. Annual Report must be signed.* Signature: Steve Jones Name (type or print): Steve Jones		Date: 06/20/2012 Title: Manager		
Processed 06/20/2012		* Electronically provided signatures are accepted as original signatures.				