

No. <b>C 144680</b>		<b>Due no later than Jul 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  DARON SCHERR, M.D., P.A. STEVE JONES THE SLEEP INSTITUTE 2900 VALENCIA DR IDAHO FALLS ID 83404		DARON SCHERR 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:  <b>ID C 144680</b>		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.					