

No. <b>W 4247</b>		<b>Due no later than Jun 30, 2009</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>  NORTH IDAHO UROLOGY BUILDING, L.L.C. EDWARD ELISON MD 980 W IRONWOOD DR STE 104 COEUR D'ALENE ID 83814		EDWARD ELLISON MD 980 W IRONWOOD DR STE 104 COEUR D'ALENE ID 83814	
				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	EDWARD D ELLISON MD	2221 IRONWOOD CTR DR	COEUR D'ALENE	ID	USA 83814
5. Organized Under the Laws of:  <b>ID W 4247</b>		6. Annual Report must be signed.* Signature: Michelle Froehlich Name (type or print): Michelle Froehlich Date: 07/23/2009 Title: Office Manager			
Processed 07/23/2009		* Electronically provided signatures are accepted as original signatures.			