No. C 106536  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Jun 30, 2009 Annual Report Form  1. Mailing Address: Correct in this box if needed.  IDAHO DIAGNOSTIC SLEEP LAB, INC. SEAN D CHRISTENSEN 526-C SHOUP AVE WEST TWIN FALLS ID 83301		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)  SEAN D CHRISTENSEN  526-C SHOUP AVE WEST TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
				526-C SHOUP TWIN FALLS				
4. Corporations: Ente	er Names and Busin	ess Addresses of P	resident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	SEAN D CHRISTENSEN		526-C SHOUP AVE WEST	TWIN FALLS	ID	USA	83301	
SECRETARY	SEAN D CHRISTENSEN		526-C SHOUP AVE WEST	TWIN FALLS	ID	USA	83301	
DIRECTOR	OR SEAN D CHRISTENSEN		526-C SHOUP AVE WEST	TWIN FALLS	ID	USA	83301	
TREASURER	SEAN D CHRISTENSEN		526-C SHOUP AVE WEST	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: 6. Ann		6. Annual Report	. Annual Report must be signed.*					
ID		Signature: Sea		Date: 04/15/2009				
C 106536		Name (type or		Title: President				
Processed 04/15/200	)9	* Electronically pro	ovided signatures are accepted as origina	l signatures.	•		•	