

No. W 65023		Due no later than Jul 31, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. BJORN SAUERWEIN MD, LLC BJORN SAUERWEIN 500 S 11TH AVE POCATELLO ID 83201		BJORN SAUERWEIN 500 S 11TH AVE POCATELLO ID 83201			
				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	BJORN SAUERWEIN	500 S 11TH AVE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 65023		Signature: Bjorn Sauerwein MD				Date: 07/01/2012	
		Name (type or print): Bjorn Sauerwein MD				Title: Manager	
Processed 07/01/2012		* Electronically provided signatures are accepted as original signatures.					