No. C 136178	Due no later than November 30, 2007  Annual Report Form	2. Registered Agent and Office NO PO BO DARON SCHEER
eturn to:	1. Mailing Address - Correct in this box, if applicable	2900 VALENCIA DR
SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	SLEEP INSTITUTE, INC. DARON SCHERR 2900 VALENCIA DR IDAHO FALLS, ID 83404	IDAHO FALLS, ID 83404  3. New Registered Agent Signature
NO FILING FEE IF RECEIVED BY DUE DATE Corporations: Enter Name	nes and Business Addresses of President, Secreta	ry and Directors.
Office held Name  Bresident Dirons	Street or P.O. Address City	<b>a.</b> . <b>7</b> 1–
Director		
5. Organized Under the Laws of: IDAHO	6. Signature	Date// 20:07
. حضو ممالمان		Title President
C 136178	Name Printed of Daron Scherr	Title _//GARES