No. W 52104		Due no later than Jun 30, 2011		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MOLLY O'LEARY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. LHN, LLC DR. ANDREW MYERS 4504 W QUAIL RIDGE DRIVE BOISE ID 83703		BOISE ID	515 N 27TH ST BOISE ID 83702 3. New Registered Agent Signature:*			
Limited Liability Compar	nies: Enter Nai	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
Manager Manager	DR ANDREW MYERS STEVE BAGGERLY		4504 QUAIL RIDGE 4753 ARROW VILLA	BOISE BOISE	ID ID	USA USA	83703 83703	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 52104		Signature: Andrew Myers			Date: 04/15/2011			
		Name (type o	or print): Andrew Myers		Title: Manager			
Processed 04/15/2011		* Electronically p	provided signatures are accepted as origina	al signatures.				