

No. W 54791

Due no later than September 30, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

STREAMSIDE MEDICAL, LLC
915 WARM SPRINGS AVE
BOISE, ID 83712

PETER ANGLETON MD
915 WARM SPRINGS AVE
BOISE, ID 83712

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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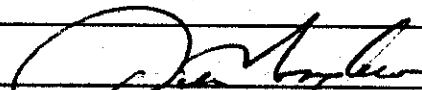
<i>owner</i>	<i>Peter Angleton</i>	<i>See above</i>			
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5. Organized Under the Laws of:

IDAHO
W 54791

6.

Signature



Date

7/24/08

Name (Typed or Printed)

Peter Angleton

Title

Issued 07/01/2008

Do Not Tape or Staple

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