

No. W 50374	Due no later than May 31, 2011 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. SARA MORROW, PHD, LLC SARA MORROW 1420 LINCOLN WAY STE 500 COEUR D ALENE ID 83814	SARA MORROW 1420 LINCOLN WAY STE 500 COEUR D'ALENE ID 83814			
		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	SARA MORROW	10658 N OAK ST	HAYDEN	ID	USA 83835
5. Organized Under the Laws of: ID W 50374	6. Annual Report must be signed.* Signature: Sara Morrow Name (type or print): Sara Morrow		Date: 03/22/2011 Title: Manager		
Processed 03/22/2011		* Electronically provided signatures are accepted as original signatures.			