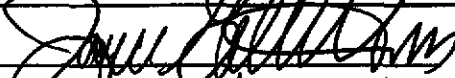


No. J 55	Due no later than January 31, 2009 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		JOYCE A GILBERT MD 420 N 2ND AVE SANDPOINT, ID 83864 3. <u>New</u> Registered Agent Signature
	SANDPOINT PEDIATRICS, L.L.P. JOYCE A GILBERT MD 420 N 2ND AVE SANDPOINT, ID 83864		

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Office held	Name	Street or P.O. Address	City	State	Zip
Partner	Joyce Gilbert	P.O. Box 992	Sandpoint	ID	83864
Partner	George Deland	1711 Janelle Way	"	"	"

5. Organized Under the Laws of: IDAHO J 55	6. Signature  Name (Typed or Printed) <u>Joyce A Gilbert MD</u> Title <u>owner</u> Date <u>12/10/08</u>
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Issued 11/05/2008

Do Not Tape or Staple

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