No. W 50888		Due no later than May 31, 2008		2. Regi	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. PRO INJECTS, LLC MICHAEL MARTINDALE 591 W 300 N PAUL ID 83347		591 PAU	MICHAEL MARTINDALE 591 W 300 N PAUL ID 83347 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
2000 2000 000 000 000 000 000 000 000 0		nes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	FOREST MICHAEL		P.O. BOX 205	CHER	okee ok	USA	73728	
MEMBER	MARTIN MC	NEIL	1401 MUNGER DR.	ENID	OK	USA	73703	
MEMBER	ER JOYCE ROSA		587W 300N	PAUL	ID	USA	83347	
MEMBER	MICHAEL MA	ARTINDALE	591 W 300 N	PAUL	ID	USA	83347	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Michael Martindale			Date: 05/29/2008			
W 50888		Name (type or print): Michael Martindale			Title: Manager			
Processed 05/29/2008 * Electronically provided signatures are accepted as original signatures.								