




No. W 11552 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Mar 31, 2001 Annual Report Form 1. Mailing Address - Correct in this box, if applicable TRAVELERS' MEDICAL XPRESS, LLC 636 PERSHING AVE STE B 2876 E. 664 N. POCATELLO, ID 83201 ROBERTS ID 83444	2. Registered Agent and Office NO PO BOX GARN HERRICK 636 PERSHING AVE STE B 2876 E. 664 N. POCATELLO, ID 83201 ROBERTS ID 83444 3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>GARN HERRICK</td> <td>2876 E. 664 N.</td> <td>ROBERTS</td> <td>ID</td> <td>83444</td> </tr> <tr> <td>Member</td> <td>STAVE OCKERMAN</td> <td>265 E. CRUICKSHANK RD. STE B.</td> <td>POCATELLO</td> <td>ID</td> <td>83444</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Manager	GARN HERRICK	2876 E. 664 N.	ROBERTS	ID	83444	Member	STAVE OCKERMAN	265 E. CRUICKSHANK RD. STE B.	POCATELLO	ID	83444
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5. Organized Under the Laws of: IDAHO W 11552	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date 1-29-2001 </td> </tr> <tr> <td> Name (Typed or Printed) GARN HERRICK </td> <td> Title: Manager XXXX </td> </tr> </table>		Signature 	Date 1-29-2001	Name (Typed or Printed) GARN HERRICK	Title: Manager XXXX														
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