| No. C 119651 | Due no later than May 31, 2003<br>Annual Report Form | 2. Registered Agent and Office NO PO BOX |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | 1. Mailing Address - Correct in this box if applicable<br>KJ MEDICAL, INC.<br><br>202 GULCH LN<br><br>TWIN FALLS, ID 83301 | KENT JENSEN<br>202 GULCH LN<br><br>TWIN FALLS, ID 83301<br><br>3. New Registered Agent Signature |

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

| Office held | Name | Street or P.O. Address | City | State | Zip |
|---|---|---|---|---|---|
| PRES. | KENT JENSEN | 202, Gulch LN | TWIN FALLS | ID | 83301 |

| 5. Organized Under the Laws of: | 6. |
|---|---|
| IDAHO<br>C 119651 | Signature Kent Jensen Pres Date 3-08-03<br>Name (Typed or Printed) KENT JENSEN Title Pres. |

Issued 03/03/2003

**Do Not Tape or Staple**

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