No. W 71728		Due no later than Feb 28, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		PAMELA G LEWIS OCONNOR 17 MESA VISTA DR BOISE ID 83705 3. New Registered Agent Signature:*			
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. INFECTION PREVENTION & CONTROL CONSULTANTS, LLC PAMELA G LEWIS-O'CONNOR 17 MESA VISTA DR BOISE ID 83705 USA					
Limited Liability Com	npanies: Enter Na	mes and Addresses of a	at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	PAMELA G	LEWIS OCONNOR	17 MESA VISTA DR	BOISE	ID	USA	83705
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 71728		Signature: Pamela G. Lewis-O'Connor		Date: 02/19/2011			
		Name (type or prin	Title: Manager				
Processed 02/19/2011	-	* Electronically provide	ed signatures are accepted as original sig	natures.			_