No. W 92490		Due no later than Apr 30, 2012		2. Registere	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. PINPOINT MEDICAL BUSINESS SERVICES, LLC AARON R TURNER 325 SUNTERRA DR IDAHO FALLS ID 83404		325 SUN IDAHO FA	AARON R TURNER 325 SUNTERRA DR IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresse	es of at least one Member or Manager					
Office Held	Name	nes and Addresse	Street or PO Address	City	State	Country	Postal Code	
MEMBER	AARON R T	URNER	325 SUNTERRA DR.	IDAHO FAL	LS ID	USA	83404	
5. Organized Under the Laws of: ID W 92490		6. Annual Report		Date: 04/16/2012				
		Name (type o		Title: President				
Processed 04/16/2012	ocessed 04/16/2012 * Electronically provided signatures are accepted as original signatures.							