| No. C 156292 | Due no later than Sep 30, 2011 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|------------------------|---|-------|---------|-------------|
| Return to: | Annual Report Form | | RONALD W DORCHUCK | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct DORCHUCK MEDICAL, INC. RONALD W DORCHUCK PO BOX 596 OSBURN ID 83849 | in this box if needed. | 637 S DIVISION ST KELLOGG ID 83837 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | |
| Office Held Name | Street or | PO Address | City | State | Country | Postal Code |
| PRESIDENT RONALD W | DORCHUCK P.O. BOX | 596 | OSBUR | ID | USA | 83849 |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | | |
| ID | Signature: Brook Zanetti | | Date: 07/26/2011 | | | |
| C 156292 | Name (type or print): Brook Zanetti | | Title: Accounting | | | |
| Processed 07/26/2011 | * Electronically provided signatures are accepted as original signatures. | | | | | |