

|  |               |  |       |  |                                    |             |  |
|--|---------------|--|-------|--|------------------------------------|-------------|--|
| No. <b>W 82639</b>   |               | <b>Due no later than Mar 31, 2011</b>  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |                                    |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br>GENESIS MEDICAL LASER LLC<br>DAVID STEMM<br>115 WEST MAIN ST #102<br>BOISE ID 83702 |       | MARY KENT MALLARI<br>115 WEST MAIN ST #102<br>BOISE ID 83702 |                                    |             |  |
|  |               |  |       | 3. <u>New</u> Registered Agent Signature:*                   |                                    |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |               |  |       |  |                                    |             |  |
| Office Held  | Name          | Street or PO Address   | City  | State  | Country                            | Postal Code |  |
| MANAGER  | JAMES D STEMM | 970 N HILTONHEAD WAY   | EAGLE | ID   | USA                                | 83616       |  |
| 5. Organized Under the Laws of:<br><br><b>KY<br/>W 82639</b>   |               | 6. Annual Report must be signed.*<br>Signature: James David Stemm<br>Name (type or print): James David Stemm                                     |       |  | Date: 04/21/2011<br>Title: Manager |             |  |
| Processed 04/21/2011   |               | * Electronically provided signatures are accepted as original signatures.  |       |  |                                    |             |  |