

No. <b>C 160451</b>		<b>Due no later than May 31, 2008</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		RYAN N COLE MD 12899 N SCHICK RIDGE RD BOISE ID 83714			
		<b>1. Mailing Address: Correct in this box if needed.</b> COLE DIAGNOSTICS, INC. NOLAN SUNDRUD 12899 N SCHICK RIDGE RD BOISE ID 83714 USA		3. <u>New</u> Registered Agent Signature:*			
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	RYAN N COLE	12899 N. SCHICKS RIDGE ROAD	BOISE	ID	USA	83714	
DIRECTOR	NOLAN M SUNDRUD	12984 N. SCHICKS RIDGE ROAD	BOISE	ID	USA	83714	
5. Organized Under the Laws of:  <b>UT C 160451</b>		6. Annual Report must be signed.* Signature: Nolan Sundrud Name (type or print): Nolan Sundrud				Date: 06/18/2008 Title: Coo	
Processed 06/18/2008		* Electronically provided signatures are accepted as original signatures.					