No. C 160451		Due no later than May 31, 2008 Annual Report Form		2. Registered Agent and Address (NO PO BOX) RYAN N COLE MD 12899 N SCHICK RIDGE RD BOISE ID 83714				
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON		1. Mailing Address: Correct in this box if needed. COLE DIAGNOSTICS, INC. NOLAN SUNDRUD 12899 N SCHICK RIDGE RD BOISE ID 83714 USA						
PO BOX 83720 BOISE, ID 83720-0080	NOLAN SU							
				3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and	d Business Addresses	of President, Secretary, and Directors. Treasure	er (optional).					
Office Held Name	2	Street or PO Address	City	State	Country	Postal Code		
PRESIDENT RYAN	N COLE	12899 N. SCHICKS RIDGE ROAD	BOISE	ID	USA	83714		
DIRECTOR NOLA	N M SUNDRUD	12984 N. SCHICKS RIDGE ROAD	BOISE	ID	USA	83714		
5. Organized Under the Laws of:	6. Annual Rep	ort must be signed.*						
UT		Signature: Nolan Sundrud		Date: 06/18/2008				
C 160451	Name (type	Name (type or print): Nolan Sundrud			Title: Coo			
Processed 06/18/2008	* Electronically	provided signatures are accepted as original si	gnatures.					