

No. C 154576		Due no later than May 31, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. CEDAR MOUNTAIN RESPIRATORY SERVICES, INC. KELLY R. GREENE 77A W COMMERCE DR HAYDEN ID 83835 USA		KELLY GREENE 77A W COMMERCE DR HAYDEN ID 83835			
				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	
DIRECTOR	CATHY GREENE	77 W. COMMERCE DR.	HAYDEN	ID	USA	83835	
PRESIDENT	KELLY R. GREENE	77 W. COMMERCE DR.	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of: ID C 154576		6. Annual Report must be signed.* Signature: Kelly Greene Name (type or print): Kelly Greene					
		Date: 04/10/2012 Title: President					
Processed 04/10/2012		* Electronically provided signatures are accepted as original signatures.					