

No. W 11552		Due no later than Mar 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TRAVELERS' MEDICAL XPRESS, LLC GARN HERRICK 4215 WILLOW CANYON DR IDAHO FALLS ID 83406 USA		GARN HERRICK 4215 WILLOW CANYON DR IDAHO FALLS ID 83406			
NO FILING FEE IF RECEIVED BY DUE DATE				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	STEVE OCKERMAN	1227 N 900 E	SHELLEY	ID	USA	83274	
MANAGER	GARN HERRICK	4215 WILLOW CANYON DR.	AMMON	ID	USA	83406	
MEMBER	LEEANN HERRICK	4215 WILLOW CANYON DR	AMMON	ID	USA	83406	
5. Organized Under the Laws of: ID W 11552		6. Annual Report must be signed.* Signature: Garn Herrick Name (type or print): Garn Herrick					
		Date: 02/11/2011 Title: Manager					
Processed 02/11/2011 * Electronically provided signatures are accepted as original signatures.							