

No. W 84680		Due no later than Jun 30, 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. CANNON MEDICAL, LLC MICHAEL CANNON 1408 POMERELLE SUITE H BURLEY ID 83318 USA		MICHAEL CANNON 1408 POMERELLE SUITE H BURLEY ID 83318			
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 MANAGER	Name MICHAEL CANNON	Street or PO Address 1408 POMERELLE SUITE H		City BURLEY	State ID	Country USA	Postal Code 83318
5. Organized Under the Laws of: ID W 84680		6. Annual Report must be signed.* Signature: Michael Cannon Name (type or print): Michael Cannon Date: 04/27/2011 Title: Manager					
Processed 04/27/2011 * Electronically provided signatures are accepted as original signatures.							