

No. W 68859		Due no later than Nov 30, 2011		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		NANCY YARBROUGH 16367 RAINBOW DR NAMPA ID 83687			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		YARBROUGH'S ELITE MEDICAL TRANSCRIPTION, LLC NANCY M YARBROUGH 16367 RAINBOW DR NAMPA ID 83687 USA					
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	
MEMBER	NANCY YARBROUGH	16367 RAINBOW DR	NAMPA	ID	USA	83687	
MEMBER	MATT YARBROUGH	16367 RAINBOW DR	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 68859		Signature: Nancy M. Yarbrough			Date: 11/22/2011		
		Name (type or print): Nancy M. Yarbrough			Title: Manager/Owner		
Processed 11/22/2011		* Electronically provided signatures are accepted as original signatures.					