

No. W 26657	Due no later than October 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX MICHELE STORER 11427 W HICKORY HILL CT BOISE, ID 83713																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MED-X MOBILE LABS, LLC 11427 W HICKORY HILL CT BOISE, ID 83713		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Michele Storer</td> <td>11427 W. Hickory Hill Ct.</td> <td>Boise</td> <td>ID</td> <td>83713</td> </tr> <tr> <td>Member</td> <td>Colin Metler</td> <td>1248 S. 2200 E.</td> <td>Springville</td> <td>UT</td> <td>84663</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member	Michele Storer	11427 W. Hickory Hill Ct.	Boise	ID	83713	Member	Colin Metler	1248 S. 2200 E.	Springville	UT	84663
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5. Organized Under the Laws of: IDAHO W 26657		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <u>Michele Storer</u></td> <td style="width: 40%;">Date <u>10-17-05</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Michele Storer</u></td> <td>Title _____</td> </tr> </table>		Signature <u>Michele Storer</u>	Date <u>10-17-05</u>	Name (Typed or Printed) <u>Michele Storer</u>	Title _____														
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