

No. W 75872		Due no later than Jul 31, 2013 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. CORRECTIONAL MEDICAL EDUCATIONAL ASSOCIATES LLC ANGELA M KELLER 3389 MERLIN DRIVE IDAHO FALLS ID 83404 USA		JEFF KELLER 3389 MERLIN DRIVE IDAHO FALLS ID 83404			
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	
MEMBER	KIM R GETSINGER	3389 MERLIN DRIVE	IDAHO FALLS	ID	USA	83404	
MEMBER	KIMBERLY A AMMONS	3389 MERLIN DRIVE	IDAHO FALLS	ID	USA	83405	
MANAGER	ANGELA M KELLER	3389 MERLIN DRIVE	IDAHO FALLS	ID	USA	83404	
MEMBER	JEFF KELLER	3389 MERLIN DRIVE	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID W 75872		6. Annual Report must be signed.* Signature: Angela M. Keller Name (type or print): Angela M. Keller					
		Date: 05/17/2013 Title: Manager					
Processed 05/17/2013 * Electronically provided signatures are accepted as original signatures.							