No. **C 180327**	**Due no later than Oct 31, 2009** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** MEDICAL PRICE POINT INC. CHARLES L BAGLEY 447 W COLORADO AVE NAMPA ID 83686 USA	CHARLES L BAGLEY 447 W COLORADO AVE NAMPA ID 83686 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	CHARLES L BAGLEY	447 W. COLORADO AVE.	NAMPA	ID	USA	83686

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 180327**	Signature: Charles L. Bagley	Date: 11/13/2009
	Name (type or print): Charles L. Bagley	Title: Pres.

Processed 11/13/2009

* Electronically provided signatures are accepted as original signatures.