No. W 78616	De	Due no later than Oct 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing A	Annual Report Form 1. Mailing Address: Correct in this box if needed. NEONATAL ASSOCIATES, PLLC SHANNON JENKINS 3270 E 17TH ST #207 AMMON ID 83406		SHANNON JENKINS 3270 E 17TH ST #207 IDAHO FALLS ID 83406 3. New Registered Agent Signature:*			
PO BOX 83720 BOISE, ID 83720-0080	SHANNON JE 3270 E 17TH						
NO FILING FEE IF RECEIVED BY DUE DATE	7.11.1014.15						
4. Limited Liability Companies: En	ter Names and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER SHANI	NON L JENKINS	3270 E 17TH STREET #207	Ammon	ID	USA	83406-8340	
5. Organized Under the Laws of:	6. Annual Repor	't must be signed.*					
ID	Signature: Sl	Signature: Shannon		Date: 08/12/2009			
W 78616	Name (type o	Name (type or print): Shannon		Title: Jenkins			
Processed 08/12/2009	* Electronically p	* Electronically provided signatures are accepted as original signatures.					