No. **C 176644**	**Due no later than Jan 31, 2010** **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.** LAKE CITY MEDICAL BILLING AND TRANSCRIPTION INC YVONNE KNITTLE 1250 IRONWOOD DRIVE STE #316 COEUR D'ALENE ID 83814 USA	YVONNE KNITTLE 1250 IRONWOOD DRIVE, STE #316 COEUR D'ALENE ID 83814 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	YVONNE KNITTLE	1250 IRONWOOD DRIVE, STE #316	COEUR D'ALENE	ID	USA	83814

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 176644**	Signature: Carleen Tracy	Date: 12/08/2009
	Name (type or print): Carleen Tracy	Title: Bookkeeper

Processed 12/08/2009

* Electronically provided signatures are accepted as original signatures.