| No. <b>W 283</b>  | Due no later than Apr 30, 2002  Annual Report Form   | 2. Registered Agent and Office 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 applicable SPECIALTY MEDICAL SERVICES II, LLC KAREN FRALEY 4931 PARKWOOD ST BOISE, ID 83704 | KAREN FRALEY 4931 PARKWOOD ST  BOISE, ID 83704  3. New Registered Agent Signature |
| 4. Limited Liability Compa  | anies: Enter Names and Addresses of Managers.  |   |
| Office held Name  | Street or P.O. Address C   | ity <u>State</u> Zip  |
| Humber KarenV   | Fraley Po Bix 44260 Bi   | Lise ID 83711   |
| 5. Organized Under the Laws of:   | 6. Kaper Dale  | 2/16/12   |
| IDAHO   | Signature / WWW OF THE   | Date 2/16/62  |
|   | 1 1.7 . —  |   |
| W 283   | Name Printed) Karen V Fra 1  | Ley Title Member  |