No. W 82639		Due no later than Mar 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address: Correct in this box if needed. GENESIS MEDICAL LASER LLC DAVID STEMM 115 WEST MAIN ST #102 BOISE ID 83702		115 WEST BOISE ID	MARY KENT MALLARI 115 WEST MAIN ST #102 BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	Inmos and Address	on of at least one Member or Manager					
Office Held Name	idifies and Addresse	es of at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MANAGER JAMES D	STEMM	970 N HILTONHEAD WAY	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:	of: 6. Annual Report must be signed.*						
ку	Signature: Ja	Dat	Date: 01/13/2010				
W 82639	Name (type o	Name (type or print): James D Stemm		Title: Managing Partner			
Processed 01/13/2010	* Electronically provided signatures are accepted as original signatures.						