No. C 119651		Due no later than May 31, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. KJ MEDICAL, INC. KENT T JENSEN 202 GULCH LN TWIN FALLS ID 83301		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080					KARLAN JENSEN 202 GULCH LN TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING RECEIVED BY I 4. Corporations: Enter	DUE DATE	USA ess Addresses of Pres	sident, Secretary, and Directors. Tre	easurer (o	ptional).			
Office Held	Name		Street or PO Address	•	City	State	Country	Postal Code
SECRETARY PRESIDENT	KARLAN K JENSEN KENT T JENSEN		202 GULCH LANE 202 GULCH LANE		TWIN FALLS, TWIN FALLS,	ID ID	USA USA	83301 83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 119651		Signature: Karlan Jensen			Date: 03/30/2010			
		Name (type or print): Karlan Jensen			Title: Secretary			
Processed 03/30/2010)	* Electronically provide	ded signatures are accepted as origi	inal signat	tures.			