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| No. W 92008 | | Due no later than Mar 31, 2011 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 | | 1. Mailing Address: Correct in this box if needed. CROSSMED PERSONNEL LLC NICHOLE CROSSLEY PO BOX 1767 MCCALL ID 83638 | | NICHOLE CROSSLEY 3104 VISTA LANE MCCALL ID 83638 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name NICHOLE J CROSSLEY | Street or PO Address 3104 VISTA LANE | | City MCCALL | State ID | Country USA | Postal Code 83638 |
| 5. Organized Under the Laws of: ID W 92008 | | 6. Annual Report must be signed.* Signature: Nichole Crossley Name (type or print): Nichole Crossley Date: 01/13/2011 Title: Manager | | | | | |
| Processed 01/13/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | | |