

No. <b>C 184380</b>		<b>Due no later than Sep 30, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		MILTON L MEYER 1715 N REISWIG RD POST FALLS ID 83854			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		HIGHPOINT MEDICAL INC. MILTON L MEYER 693 W CANFIELD AVENUE COEUR D'ALENE ID 83815 USA					
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	
SECRETARY	VERDENE E MEYER	2004 GRANGER RD	INDIAN VALLEY	ID	USA	83632	
PRESIDENT	MILTON L MEYER III	1715 N REISWIG RD	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:  <b>ID C 184380</b>		6. Annual Report must be signed.* Signature: Lori Slehofer Name (type or print): Lori Slehofer		Date: 08/29/2011 Title: Accountant			
Processed 08/29/2011		* Electronically provided signatures are accepted as original signatures.					