

No. W 93036	Due no later than May 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		TIM REID 450 E BEACON LIGHT RD EAGLE ID 83616			
	MEDIVENTS LLC PHILIP J GORMAN PO BOX 2678 EAGLE ID 83616		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	PHILIP J GORMAN	900 E. COLUMBARY CT	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 93036		6. Annual Report must be signed.* Signature: Philip Gorman Name (type or print): Philip Gorman		Date: 04/02/2011 Title: Principal		
Processed 04/02/2011		* Electronically provided signatures are accepted as original signatures.				