No. **W 45709**	**Due no later than Dec 31, 2008** **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.** OMNISCRIBE TRANSCRIPTION SERVICES, LLC KRESTA S GLASER 14917 W LACEY RD POCATELLO ID 83202-5019 USA	KRESTA S GLASER 1530 TETON AVE AMERICAN FALLS ID 83211 3. New 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
MANAGER	KRESTA S GLASER	14917 W LACEY RD	POCATELLO	ID	USA	83202-5019

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 45709**	Signature: Kresta S. Glaser	Date: 10/23/2008
	Name (type or print): Kresta S. Glaser	Title: Ceo

Processed 10/23/2008

* Electronically provided signatures are accepted as original signatures.