

No. W 76118		Due no later than Jul 31, 2010		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. CORE MEDICAL LLC BRIAN LUEKENG 2540 W LINCOLN AVE NAMPA ID 83686 USA		BRIAN LUEKENG 2540 W LINCOLN AVE NAMPA ID 83686			
				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	BRIAN MICHAEL LUEKENG	2540 W. LINCOLN AVE	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 76118		Signature: Brian Luekeng				Date: 08/05/2010	
		Name (type or print): Brian Luekeng				Title: Memeber	
Processed 08/05/2010		* Electronically provided signatures are accepted as original signatures.					