

No. W 61951		Due no later than Apr 30, 2010 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. STAR TRANSCRIPTION LLC AMANDA MCCURRY 190 S SPRING LAKE WAY STAR ID 83669		AMANDA M MCCURRY 190 SPRING LAKE WAY STAR ID 83669			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	AMANDA M MCCURRY	190 SPRING LAKE WAY	STAR	ID	USA	83669	
MEMBER	AMANDA MCCURRY	190 S SPRING LAKE WAY	STAR	ID	USA	83669	
5. Organized Under the Laws of: ID W 61951		6. Annual Report must be signed.* Signature: Amanda McCurry Name (type or print): Amanda McCurry					
		Date: 05/10/2010 Title: Manager					
Processed 05/10/2010 * Electronically provided signatures are accepted as original signatures.							