

No. W 57702

Due no later than January 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

KRISTE L CRANE  
612 W TWO RIVERS DR  
EAGLE, ID 83616

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

OPTIM OCCUPATIONAL HEALTH SERVICES,  
612 W TWO RIVERS DR  
EAGLE, ID 83616

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held

Name

Street or P.O. Address

City

State

Zip

Owner Kriste L. Crane 612 W. Two Rivers Dr, Eagle, ID 83616

5. Organized Under the Laws of:  
IDAHO  
W 57702

6.

Signature

Kriste L. Crane

Date

11/10/2007

Name

(Typed or  
Printed)

Kriste L. Crane

Title

Owner

200801008750

Issued 11/01/2007

Do Not Tape or Staple