No. C 157479		Due no later than Nov 30, 2010		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ABR MEDICAL, INC. PAUL W. SMITH P O BOX 2377 HAYDEN ID 83835-2377			PAUL SMITH 10231 FAIRWAY DR HAYDEN ID 83835 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA			J			
4. Corporations: Enter Nan	nes and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR DIRECTOR DIRECTOR	BETTY SCOLLA JAMES J. GREEN JAMES E. TERRILL PAUL SMITH WM W NIXON		1408 PRATT CT. #103 1660 CLUB LANE 1687 PEBBLESTONE CT.	OMAHA HAYDEN LAKE HAYDEN LAKE	NE ID ID	USA USA USA	68116 83835 83835	
PRESIDENT SECRETARY			10231 FAIRWAY DR 409 COEUR D ALENE	HAYDEN COEUR D'ALENE	ID ID	USA USA	83835 83814	
5. Organized Under the Laws of: 6. A		6. Annual Report must be signed.*						
NV		Signature: Paul W. Smith			Date: 09/13/2010			
C 157479		Name (type or print): Paul W. Smith			Title: President			
Processed 09/13/2010	* Electronically provided signatures are accepted as original signatures.							