

No. W 62712		Due no later than May 31, 2013 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. IDAHO MEDICAL COMPLIANCE LLC CHARLES N JONES 1601 E OAKBORO COURT NAMPA ID 83686		CHARLES N JONES 1601 E OAKBORO COURT NAMPA ID 83686			
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 MEMBER	Name CHARLES N JONES	Street or PO Address 1601 E OAKBORO COURT		City NAMPA	State ID	Country USA	Postal Code 83686
5. Organized Under the Laws of: ID W 62712		6. Annual Report must be signed.* Signature: Charles N. Jones Name (type or print): Charles N. Jones Date: 05/11/2013 Title: Member					
Processed 05/11/2013 * Electronically provided signatures are accepted as original signatures.							