

No. W 84419	Due no later than Jun 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MCCARTHY WELCH MEDICAL SERVICES, LLC KERRY A MCCARTHY WELCH 1518 N SUBSTATION RD EMMETT ID 83617 USA		KERRY MCCARTHY WELCH 1518 N SUBSTATION RD EMMETT ID 83617			
			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	JAMES W WELCH	1518 N SUBSTATION RD	EMMETT	ID	USA	83617
5. Organized Under the Laws of: ID W 84419	6. Annual Report must be signed.* Signature: Kerry McCarthy Welch Name (type or print): Kerry McCarthy Welch		Date: 04/09/2010 Title: Owner			
Processed 04/09/2010		* Electronically provided signatures are accepted as original signatures.				