

No. C 144005		Due no later than May 31, 2011 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. HEALTH INFORMATION MANAGEMENT, INC. LISA K WILKINS 11102 W. HAZELWOOD DR. BOISE ID 83709 USA		LISA WILKINS 11102 W. HAZELWOOD DR. BOISE ID 83709			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	LISA K WILKINS	11102 W. HAZELWOOD DR.	BOISE	ID	USA	83709	
5. Organized Under the Laws of: ID C 144005		6. Annual Report must be signed.* Signature: Lisa Wilkins Name (type or print): Lisa Wilkins					
				Date: 07/06/2011		Title: President	
Processed 07/06/2011		* Electronically provided signatures are accepted as original signatures.					