

No. C 176644		Due no later than Jan 31, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. LAKE CITY MEDICAL BILLING AND TRANSCRIPTION INC YVONNE KNITTLE 2635 W. LOIRE DRIVE COEUR D'ALENE ID 83815 USA		YVONNE KNITTLE 2635 W. LOIRE DRIVE COEUR D'ALENE ID 83815	
				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	YVONNE KNITTLE	2635 W. LOIRE DRIVE	COEUR D'ALENE	ID	USA 83815
5. Organized Under the Laws of: ID C 176644		6. Annual Report must be signed.* Signature: Erica Van Cleave Name (type or print): Erica Van Cleave Date: 11/21/2011 Title: 3rd Party Reporting Agent			
Processed 11/21/2011		* Electronically provided signatures are accepted as original signatures.			