| No. W 94573 | Due no later than Jul 31, 2012 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|----------------------|---|-------|---------|-------------|
| Return to: | Annual Report Form | | CHRISTOPHER S REISENAUER MD | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | | 3240 N MOUNTAIN VIEW RD MOSCOW ID 83843 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | PALOUSE IMAGING BUSINESS HOLDINGS, LLC CLARA B REISENAUER PO BOX 9583 | | | | | |
| | MOSCOW ID 83843 | | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 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 |
| MEMBER CHRISTOPH | MOSCOW | ID | USA | 83843 | | |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | | |
| ID | Signature: Clara | | Date: 05/12/2012 | | | |
| W 94573 | Name (type or print): Clara | | Title: Reisenauer | | | |
| Processed 05/12/2012 | * Electronically provided signatures are accepted as original signatures. | | | | | |