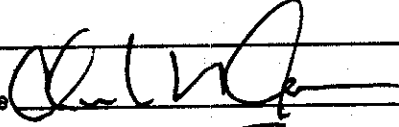


No. W 48895	Due no later than March 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address : Correct in this box. If applicable  MEDICAL COMPLIANCE MANAGEMENT, LLC 1601 OAKBORO CT NAMPA, ID 83686		CHARLES N JONES 1601 OAKBORO CT NAMPA, ID 83686																		
			3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>CHARLES N. JONES</td> <td>1601 OAKBORO CT</td> <td>NAMPA</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>MEMBER</td> <td>GAIL GALLAWAY</td> <td>633 RAMONA #23</td> <td>LOS OSOS</td> <td>CA</td> <td>93402</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	MEMBER	CHARLES N. JONES	1601 OAKBORO CT	NAMPA	ID	83686	MEMBER	GAIL GALLAWAY	633 RAMONA #23	LOS OSOS	CA	93402
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5. Organized Under the Laws of: CALIFORNIA W 48895		6. Signature  Name (Typed or Printed) CHARLES N. JONES Date JAN. 9, 2007 Title VP, OPS &																			

Issued 01/02/2007

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