

No. W 61951	Due no later than Apr 30, 2009 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.		AMANDA M MCCURRY 190 SPRING LAKE WAY STAR ID 83669			
	STAR TRANSCRIPTION LLC AMANDA MCCURRY 190 S SPRING LAKE WAY STAR ID 83669		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	AMANDA M MCCURRY	190 SPRING LAKE WAY	STAR	ID	USA	83669
5. Organized Under the Laws of: ID W 61951		6. Annual Report must be signed.* Signature: Amanda M. McCurry Name (type or print): Amanda M. McCurry		Date: 04/14/2009 Title: Manager		
Processed 04/14/2009		* Electronically provided signatures are accepted as original signatures.				