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| No. W 67828 | | Due no later than Oct 31, 2010 | | 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 | | PENELOPE PARKER 2034 ADDISON AVE EAST TWIN FALLS ID 83301 | | | |
| | | 1. Mailing Address: Correct in this box if needed. MEDICO LEASING LIMITED LIABILITY COMPANY PENELOPE PARKER 2034 ADDISON AVE EAST TWIN FALLS ID 83301 | | 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 | |
| MEMBER | JOE SHELTON | 2034 ADDISON AVE EAST | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: ID W 67828 | | 6. Annual Report must be signed.* Signature: P. Parker Name (type or print): P. Parker | | | | | |
| | | Date: 08/09/2010 Title: Attorney | | | | | |
| Processed 08/09/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | |