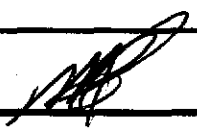
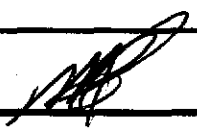
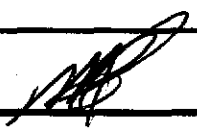


No. <b>C 122850</b>	Due no later than Feb 29, 2012 <b>Annual Report Form</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) MICHAEL CWIK 2600A E SELTICE WAY POST FALLS ID 83854	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. SCI-MED, INC. MICHAEL CWIK 2600A E SELTICE WAY POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature.	

**4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.**

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	M. Cwik	2600 A E Seltice	Post Falls	ID	USA	83854
Treasurer	K. Cwik	2600 A E Seltice	Post Falls	ID	USA	83854

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>C 122850</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: </td> <td style="width: 30%;">Date: 1-23-12</td> </tr> <tr> <td>Name (type or print): M Cwik</td> <td>Title: Pres</td> </tr> </table>	Signature: 	Date: 1-23-12	Name (type or print): M Cwik	Title: Pres
Signature: 	Date: 1-23-12				
Name (type or print): M Cwik	Title: Pres				

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a new registered agent must sign in Block 3.