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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------|---------------------|
| No. <b>W 39749</b>                                                                                                                                     |                  | <b>Due no later than May 31, 2011</b>                                                                                                                                                                        |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>VLA MEDICAL LEGAL CONSULTING, LLC<br>VICKI L ALLEN<br>7961 POCATELLO CREEK RD<br>POCATELLO ID 83201<br>USA |           | ERIC L OLSEN<br>201 E CENTER ST<br>POCATELLO ID 83204 |                     |
|                                                                                                                                                        |                  |                                                                                                                                                                                                              |           | 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                                                                                                                                                 | VICKI LYNN ALLEN | 7961 POCATELLO CREEK RD                                                                                                                                                                                      | POCATELLO | ID                                                    | USA 83201           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 39749</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Vicki Allen<br>Name (type or print): Vicki Allen<br>Date: 03/23/2011<br>Title: Member                                                                        |           |                                                       |                     |
| Processed 03/23/2011                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                                                    |           |                                                       |                     |