

No. W 45709		Due no later than Dec 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 1. Mailing Address: Correct in this box if needed. OMNISCRIBE TRANSCRIPTION SERVICES, LLC KRESTA S GLASER 14917 W LACEY RD POCATELLO ID 83202-5019 USA		KRESTA S GLASER 14917 W. LACEY RD. POCATELLO ID 83202-5019	
				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	KRESTA S GLASER	14917 W LACEY RD	POCATELLO	ID	USA 83202-5019
5. Organized Under the Laws of: ID W 45709		6. Annual Report must be signed.* Signature: Kresta S. Glaser Name (type or print): Kresta S. Glaser Date: 01/16/2011 Title: Ceo			
Processed 01/16/2011		* Electronically provided signatures are accepted as original signatures.			