

No. W 71728	Due no later than Feb 28, 2010 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. INFECTION PREVENTION & CONTROL CONSULTANTS, LLC PAMELA G LEWIS-O'CONNOR 17 MESA VISTA DR BOISE ID 83705 USA		PAMELA G LEWIS OCONNOR 17 MESA VISTA DR BOISE ID 83705			
			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	PAMELA G LEWIS OCONNOR	17 MESA VISTA DR	BOISE	ID	USA	83705
5. Organized Under the Laws of: ID W 71728	6. Annual Report must be signed.* Signature: Pamela G. Lewis-O'Connor Name (type or print): Pamela G. Lewis-O'Connor		Date: 03/09/2010 Title: Manager			
Processed 03/09/2010		* Electronically provided signatures are accepted as original signatures.				