No. W 75872		Due no later than Jul 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX) JEFF KELLER 3389 MERLIN DRIVE IDAHO FALLS ID 83404 3. New Registered Agent Signature:*				
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		CORRECTIONAL MEDICAL EDUCATIONAL ASSOCIATES LLC ANGELA M KELLER 3389 MERLIN DRIVE						
								NO FILING FEE IF RECEIVED BY DUE DATE
4. Limited Liability Compa	nies: Enter Nar			nes and Addresse	s of at least one Member or Manager.			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER KIM R GETSI		SINGER	3389 MERLIN	IDAHO FALLS	ID	USA	83404	
MEMBER KIMBERLY A		AMMONS	3389 MERLIN DRIVE	IDAHO FALLS	ID	USA	83405	
MANAGER	ANAGER ANGELA M KELLER		3389 MERLIN DRIVE	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 75872		Signature: Angela Keller		Date: 05/17/2010				
		Name (type or print): Angela Keller		Title: Cfo				
Processed 05/17/2010	* Electronically provided signatures are accepted as original signatures.							