No. W 11552		Due no later than Mar 31, 2012 2. Registered Agent and Address (NO PO BOX)						
Return to:		Annual Report Form GARN HERRICK						
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TRAVELERS' MEDICAL XPRESS, LLC GARN HERRICK 4215 WILLOW CANYON DR IDAHO FALLS ID 83406 USA		4215 WILLOW CANYON DR IDAHO FALLS ID 83406 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nar	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER STEVE OCKERN MANAGER GARN HERRICK MEMBER LEEANN HERRIC		ICK	1227 N 900 E 4215 WILLOW CANYON DR. 4215 WILLOW CANYON DR	SHELLEY AMMON AMMON	ID ID	USA USA USA	83274 83406 83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 11552		Signature: G	arn Herrick	Date: 03/15/2012				
		Name (type	or print): Garn Herrick	Title: Manager				
Processed 03/15/2012	rocessed 03/15/2012 * Electronically provided signatures are accepted as original signatures.							