

No. W 62712

Due no later than May 31, 2008

Annual Report Form

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

IDAHO MEDICAL COMPLIANCE LLC  
1601 E OAKBORO COURT  
NAMPA, ID 83686

2. Registered Agent and Office NO PO BOX

CHARLES N JONES  
1601 E OAKBORO COURT  
NAMPA, ID 83686


NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	CHARLES N. JONES	1601 E. OAKBORO COURT	NAMPA	ID	83686

5. Organized Under the Laws of:  
IDAHO  
W 62712

6. Signature 

Date March 19, 2008

Name (Typed or Printed) CHARLES N. JONES

Title Manager

Issued 03/03/2008

Do Not Tape or Staple

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