

No. C 158436		Due no later than Jan 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		1. Mailing Address: Correct in this box if needed. IDAHO MEDICAL EQUIPMENT LEASING, INC ANNE K KO 1165 SKYLINE DR TWIN FALLS ID 83301 USA		ANNE K KO 1165 SKYLINE DR TWIN FALLS ID 83301			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ANNE K KO	1165 SKYLINE DRIVE	TWIN FALLS	ID	USA	83301-8330	
5. Organized Under the Laws of: ID C 158436		6. Annual Report must be signed.* Signature: AnneKo Name (type or print): AnneKo Date: 02/13/2010 Title: Manager					
Processed 02/13/2010		* Electronically provided signatures are accepted as original signatures.					