| No. C 193134 | | | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------|---|---|--------------------------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. OMNISCRIBE TRANSCRIPTION SERVICES, INC. 14917 W LACEY RD POCATELLO ID 83202 | | 14917 W LAC POCATELLO | KRESTA S GLASER 14917 W LACEY RD POCATELLO ID 83202 3. New Registered Agent Signature:* | | | |
| NO FILING RECEIVED BY 4. Corporations: Ente | DUE DATE | ness Addresses of | F President, Secretary, and Directors. Trea | asurer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | KRESTA S | GLASER | 14917 W. LACEY RD | POCATELLO | ID | USA | 83202 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 193134 | | Signature: Ki | | Date: 02/05/2013 | | | | |
| | | Name (type o | | Title: President | | | | |
| Processed 02/05/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |