

No. W 242		Due no later than Mar 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. THRESHOLD MEDICAL, LIMITED COMPANY BILL CURTIS 4090 W STATE ST #7 BOISE ID 83703		BILL CURTIS 4090 W STATE #7 BOISE ID 83703			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	BILL CURTIS	4090 W STATE ST #7	BOISE	ID	USA	83703	
MANAGER	KELLEY HEMENWAY	4090 W STATE ST #7	BOISE	ID	USA	83703	
5. Organized Under the Laws of: ID W 242		6. Annual Report must be signed.* Signature: Bill Curtis Name (type or print): Bill Curtis Date: 04/12/2010 Title: Member					
Processed 04/12/2010 * Electronically provided signatures are accepted as original signatures.							