

No. W 91706		Due no later than Mar 31, 2012 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. OMNI HEALTH MEDIA LLC CHARLES H WEAVER PO BOX 724 KETCHUM ID 83340 USA		CHARLES WEAVER 491 N MAIN ST #200 KETCHUM ID 83340			
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 MEMBER	Name CHARLES H WEAVER	Street or PO Address P O BOX 6333		City KETCHUM	State ID	Country USA	Postal Code 83340
5. Organized Under the Laws of: DE W 91706		6. Annual Report must be signed.* Signature: Charles Weaver Name (type or print): Charles Weaver Date: 01/27/2012 Title: Member					
Processed 01/27/2012 * Electronically provided signatures are accepted as original signatures.							