

No. C 158436

Due no later than January 31, 2007  
Annual Report Form

2. Registered Agent and Office 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 applicable

IDAHO MEDICAL EQUIPMENT LEASING, IN  
1165 SKYLINE DR  
TWIN FALLS, ID 83301TAK-MING KO MD PA  
1165 SKYLINE DR  
TWIN FALLS, ID 83301NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President.	Allison, Ko.	1165 skyline drive	Twin Falls.	ID	83301.
<del>Secretary</del>					
<del>Director</del>					
Secretary	Tak-ming Ko.	1165 skyline drive	Twin Falls	ID	83301
Director.	Anne K.	1165 skyline drive	Twin Falls.	ID	83301

5. Organized Under the Laws of:

IDAHO  
C 158436

6.

Signature

Date

Name (Typed or Printed)

Title

Issued 11/01/2006

Do Not Tape or Staple

200701004562