

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

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable

IDAHO MEDICAL EQUIPMENT LEASING, IN
1165 SKYLINE DR
TWIN FALLS, ID 83301

TAK-MING KO MD PA
1165 SKYLINE DR
TWIN FALLS, ID 83301

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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President. Allison, Ko. 1165 skyline drive, Twin Falls, ID 83301.

Secretary

Director. Secretary Tak-ming Ko. 1165 skyline drive, Twin Falls ID 83301

Secretary

Director. Anne Ko. 1165 skyline drive, Twin Falls, ID 83301

5. Organized Under the Laws of:

IDAHO
C 158436

6. Signature _____ Date _____

Name (Typed or
Printed) _____

Title _____