No. <b>W 106378</b>		Due no later than Sep 30, 2012		2	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.  MEDMARKETER, LLC PHILLIP GORMAN PO BOX 2678 EAGLE ID 83616 USA			TIM REID 450 E BEACON LIGHT RD EAGLE ID 83616  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER PHILIP GORM		MAN	900 E. COLUMBARY CT		EAGLE	ID	USA	83616
5. Organized Under the Laws of:		6. Annual Report must be signed.* Signature: Philip Gorman			Date: 07/25/2012			
W 106378		Name (type or print): Philip Gorman			Title: President			
Processed 07/25/2012 * Electronically provided signatures are accepted as original signatures.								