

No. <b>W 21678</b>		<b>Due no later than Dec 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  LUNDY'S MEDICAL BILLING SERVIC, LLC. CHERYL LUNDY 5066 BARNARD LN FRUITLAND ID 83619		CHERYL LUNDY 5066 BARNARD LN FRUITLAND ID 83619			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	CHERYL LUNDY	5066 BARNARD LN	FRUITLAND	ID	USA	83619	
MANAGER	ZEBULUN LUNDY	5066 BARNARD LN	FRUITLAND	ID	USA	83619	
MANAGER	SAMUEL LUNDY	5066 BARNARD LN	FRUITLAND	ID	USA	83619	
MANAGER	SCOTT LUNDY	5066 BARNARD LN	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:  <b>ID</b> <b>W 21678</b>		6. Annual Report must be signed.*  Signature: Cheryl Lundy Name (type or print): Cheryl Lundy					
		Date: 10/07/2011 Title: Owner					
Processed 10/07/2011 * Electronically provided signatures are accepted as original signatures.							