

No. <b>W 24288</b>	Due no later than May 31, 2005 Annual Report Form		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  NATIONAL HEARING SERVICES LLC WHITE ACCOUNTING PO BOX 245 PARMA, ID 83660		JACQUELINE ELCOX <del>10361 HINSDALE</del> <b>4890 ELLICOTT LN</b> <del>BOISE, ID 83704</del>  <b>BOISE ID 83714</b>  3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>JACQUE ELCOX</td> <td>4890 ELLICOTT LN</td> <td>BOISE</td> <td>ID</td> <td>83714</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	MEMBER	JACQUE ELCOX	4890 ELLICOTT LN	BOISE	ID	83714
Office held	Name	Street or P.O. Address	City	State	Zip										
MEMBER	JACQUE ELCOX	4890 ELLICOTT LN	BOISE	ID	83714										
5. Organized Under the Laws of:  IDAHO W 24288		6. Signature <u>Jacquie Elcox</u> Date <u>3/9/05</u> Name <small>(Type or Print)</small> <u>Jacquie Elcox</u> Title <u>President</u>													

Issued 03/01/2005

Do Not Tape or Staple

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