No. **W 19655**	**Due no later than Jun 30, 2008**	2. Registered Agent and Address **(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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** DEYMED DIAGNOSTIC, LLC BONNIE R YOUNGBERG 11175 PAYETTE HEIGHTS RD PAYETTE ID 83661	BONNIE YOUNGBERG 11175 PAYETTE HEIGHTS RD PAYETTE ID 83661 3. New 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	DOUGLAS EVERN YOUNGBERG	1720 7TH AVE N	PAYETTE	ID	USA	83661

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 19655**	Signature: Bonnie Youngberg	Date: 04/23/2008
	Name (type or print): Bonnie Youngberg	Title: Registered Agent

Processed 04/23/2008

* Electronically provided signatures are accepted as original signatures.