No. C 173871	Due no later than Jul 31, 2008	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form	FRANK FOSELLA JR 2507 S SWALLOWTAIL LN BOISE ID 83706 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. OXON MEDICAL LIFE SYSTEMS, INC. FRANK FOSELLA, 2507 S SWALLOWTAIL LN					
NO FILING FEE IF RECEIVED BY DUE DATE	BOISE ID 83706 USA					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT (FRANK FOS	SELLA, JR. 4094 W. CHINDEN BLVD.	GARDEN CITY,	ID	USA	83714	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Frank Fosella, Jr.			Date: 07/28/2008		
C 173871	Name (type or print): Frank Fosella, Jr.			Title: President		
Processed 07/28/2008	* Electronically provided signatures are accepted as original signatures.					