

No. <b>C 119651</b>		<b>Due no later than May 31, 2009</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>  KJ MEDICAL, INC. KENT T JENSEN 202 GULCH LN TWIN FALLS ID 83301 USA		KARLAN JENSEN 202 GULCH LN TWIN FALLS ID 83301			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
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	
SECRETARY	KARLAN K JENSEN	202 GULCH LANE	TWIN FALLS,	ID	USA	83301	
PRESIDENT	KENT T JENSEN	202 GULCH LANE	TWIN FALLS,	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID</b> <b>C 119651</b>		6. Annual Report must be signed.*  Signature: Karlan Jensen Name (type or print): Karlan Jensen					
		Date: 06/05/2009 Title: Secretary					
Processed 06/05/2009		* Electronically provided signatures are accepted as original signatures.					