No. W 41995

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than August 31, 2007
Annual Report Form

1. Mailing Address - Correct in this box, if applicable

ADVANCED INFUSION MEDICINE L.L.C.
~~JAMES W BYRON~~ JAMES TANZINI
~~907 E RIVERPARK LN~~ 4636 N. High Prairie
~~BOISE, ID 83706~~
STAR, ID
83669

2. Registered Agent and Office NO PO BOX

~~JAMES W BYRON~~ JAMES TANZINI
627 N FIVE MILE RD
BOISE, ID 83713

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
MEMBER	JAMES TANZINI	4636 N. HIGH PRAIRIE PL	STAR,	ID	83669

5. Organized Under the Laws of:
IDAHO
W 41995

6.
Signature _____ Date 7/9/07
Name (Typed or Printed) JAMES TANZINI Title MEMBER

Issued 06/01/2007

Do Not Tape or Staple

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