No. C 168818	Due no later than Sep 30, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	Annual Report Form 1. Mailing Address: Correct in this box if needed. ECAREMD, INC. ROB MAIOROFF 1814 E 350 N ST ANTHONY ID 83445		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706- USA			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080						
			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
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 ROBERT MAIOROFF 1814 E 350 N			SAINT ANTHONY	ID	USA	83445
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
l ID	Signature: Robert Maioroff		Date: 07/22/2009			
C 168818	Name (type or print): Robert Maioroff		Title: Ceo			
Processed 07/22/2009	* Electronically provided signatures are accepted as original signatures.					