

No. <b>W 73765</b>		<b>Due no later than Apr 30, 2009</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		KARRIE MOORE 1711 FRONTAGE RD BLACKFOOT ID 83221			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		MASTER HEALTH RECORDS LLC KARRIE MOORE 1711 FRONTAGE RD BLACKFOOT ID 83221 USA					
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	
MEMBER	KAY RAMEY	215 W 350 N	BLACKFOOT	ID	USA	83221	
MEMBER	KARRIE MOORE	1711 FRONTAGE RD	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 73765</b>		Signature: Karrie Moore			Date: 05/15/2009		
		Name (type or print): Karrie Moore			Title: President		
Processed 05/15/2009		* Electronically provided signatures are accepted as original signatures.					