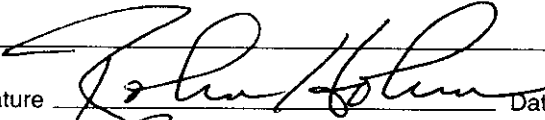


No. W 29337	Due no later than March 31, 2006		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		ROHN HOLMAN													
	1. Mailing Address - Correct in this box, if applicable MEDCO BILLING SERVICE LLC ROHN HOLMAN PO BOX 544 REXBURG, ID 83440		393 E 2ND N REXBURG, ID 83440 3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Owner / Pres.</td> <td>ROHN HOLMAN</td> <td>915 GREENHAVEN CIR</td> <td>REXBURG</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Owner / Pres.	ROHN HOLMAN	915 GREENHAVEN CIR	REXBURG	ID	83440
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Owner / Pres.	ROHN HOLMAN	915 GREENHAVEN CIR	REXBURG	ID	83440											
5. Organized Under the Laws of: IDAHO W 29337		6. Signature  Date 1-18-06 Name (Typed or Printed) ROHN HOLMAN Title Owner / Pres														

Issued 01/04/2006

Do Not Tape or Staple

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