No. C 184380		Due no later than Sep 30, 2012		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. HIGHPOINT MEDICAL INC. MILTON L MEYER 693 W CANFIELD AVENUE COEUR D'ALENE ID 83815 USA			MILTON L MEYER 1715 N REISWIG RD POST FALLS ID 83854 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine			Procident Secretary and Directors Trans	Suror (o	untional)			
Office Held Name		ess Addresses of F	Street or PO Address	sui ei (u	City	State	Country	Postal Code
	MILTON L N VERDENE E		1715 N REISWIG RD P.O. BOX 800		POST FALLS HAYDEN	ID ID	USA USA	83854 83835
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 184380		Signature: Lori Slehofer Name (type or print): Lori Slehofer			Date: 07/12/2012 Title: Accountant			
Processed 07/12/2012 * Electronically provided signatures are accepted as original signatures.								