No. W 19655	Due no later than Jun 30, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		BONNIE YOUNGBERG			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. DEYMED DIAGNOSTIC, LLC BONNIE R YOUNGBERG 11175 PAYETTE HEIGHTS RD		11175 PAYETTE HEIGHTS RD PAYETTE ID 83661			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			PATELLE ID 63601			
	PAYETTE ID 83661-5014		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	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
MANAGER DOUGLAS EVERN YOUNGBERG 1720 7TH AVE N				ID	USA	83661
5. Organized Under the Laws of:	ganized Under the Laws of: 6. Annual Report must be signed.*					
ID	ID Signature: Bonnie Youngberg		Date: 04/30/2012			
W 19655	Name (type or print	Title: Agent				
Processed 04/30/2012	* Electronically provided signatures are accepted as original signatures.					