

No. C 158436

Due no later than January 31, 2009
Annual Report Form2. Registered Agent and Office **NO PO BOX**Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

IDAHO MEDICAL EQUIPMENT LEASING, IN
1165 SKYLINE DR
TWIN FALLS, ID 83301ANNE K KO
1165 SKYLINE DR
TWIN FALLS, ID 83301**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office heldNameStreet or P.O. AddressCityStateZip

President Anne K. Ko 1165 Skyline Dr. Twin Falls ID 83301

5. Organized Under the Laws of:

IDAHO
C 158436

6.

Signature



Date

11/14/08

Name (Typed or Printed)

Anne K. Ko.

Title

President.