

No. W 62712	Due no later than May 31, 2010 Annual Report Form		2. Registered Agent and Address (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	1. Mailing Address: Correct in this box if needed. IDAHO MEDICAL COMPLIANCE LLC CHARLES N JONES 1601 E OAKBORO COURT NAMPA ID 83686		CHARLES N JONES 1601 E OAKBORO COURT NAMPA ID 83686			
			3. <u>New</u> Registered Agent Signature:*			
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	CHARLES N JONES	1601 E OAKBORO COURT	NAMPA	ID	USA	83686
5. Organized Under the Laws of: ID W 62712		6. Annual Report must be signed.* Signature: Charles N. Jones Name (type or print): Charles N. Jones Date: 05/28/2010 Title: Member				
Processed 05/28/2010		* Electronically provided signatures are accepted as original signatures.				