

No. W 98803	Due no later than Dec 31, 2014 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. MEDICAL SECURITY CARD COMPANY, LLC 4911 E. BROADWAY SUITE 100 TUCSON AZ 85711 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705				
			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	
MANAGER	DAVID WHEELER	4911 E. BROADWAY SUITE 100	TUCSON	AZ	USA	85711	
MANAGER	GREG WATANABE	4911 E. BROADWAY SUITE 100	TUCSON	AZ	USA	85711	
MANAGER	LORI BRYANT	4911 E. BROADWAY SUITE 100	TUCSON	AZ	USA	85711	
5. Organized Under the Laws of: DE W 98803	6. Annual Report must be signed.* Signature: Michelle Donato Name (type or print): Michelle Donato		Date: 11/10/2014 Title: POA				
Processed 11/10/2014		* Electronically provided signatures are accepted as original signatures.					