| No. C 121612 | | Due no later than Nov 30, 2014 | | 2. Registered Ag | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MEDICAL RESOURCES OF IDAHO, INC. RICHELLE HELDWEIN 1855 TAGHEE POCATELLO ID 83204 USA | | 1855 TAGHEE POCATELLO 3. New Register | RICHELLE HELDWEIN 1855 TAGHEE LN POCATELLO 83204 3. New Registered Agent Signature:* | | | |
| Corporations: Enter | er Names and Busin | ess Addresses o | f President, Secretary, and Directors. Trea | surer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR | GENTRY YO | ST | P.O. BOX 4182 | POCATELLO | ID | USA | 83205 | |
| DIRECTOR DREW MCRO | | OBERTS | P.O. BOX 4182 | POCATELLO | ID | USA | 83205 | |
| PRESIDENT | DENT B.F CALL | | P.O. BOX 4182 | POCATELLO | ID | USA | 83205 | |
| DIRECTOR | DIRECTOR BLAINE OLSEN | | P.O. BOX 4182 | POCATELLO | ID | USA | 83205 | |
| DIRECTOR | BRADLEY BL | JRTON | P.O. BOX 4182 | POCATELLO | ID | USA | 83205 | |
| 5. Organized Under the Laws of: | | 6. Annual Repo | ort must be signed.* | | | | | |
| ID | | Signature: F | tichelle Heldwein | | Date: 10/14/2014 | | | |
| C 121612 | | Name (type | or print): Richelle Heldwein | | Title: Agent | | | |
| Processed 10/14/20: | 14 | * Electronically | provided signatures are accepted as origin | al signatures. | | | | |