

FILED EFFECTIVE

No. C 177448	Reinstatement Annual Report Form ADMIN DISSOLVED 06/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) SCOTT BAILEY 206 S COLE RD BOISE ID 83709
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. NATIONAL MEDICAL SOLUTIONS INC 206 S COLE RD BOISE ID 83709		
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. Office Held Name Street or PO Address City State Country Postal Code President Alleg Scott Bailey 206 S Cole Boise, ID 83709			
5. Organized Under the Laws of: IDAHO C 177448	6. Signature: <u>Scott Bailey</u> Date: <u>6/16/10</u> Name (type or print): <u>Scott Bailey</u> Title: <u>CEO</u>		

Issued 06/16/2010 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.