No. C 168697		Due :	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. TWIN FALLS COUNTY MARTIN'S MEDICAL EQUIPMNET REPAIR CENTER, INC. RICHARD LEE MARTIN JR. PO BOX 422		RICHARD	RICHARD L MARTIN JR 3905 N. 1200 E. BUHL ID 83316 3. New Registered Agent Signature:*			
				BUHL ID				
NO FILING FEE IF RECEIVED BY DUE DATE		BUHL ID 83316-0422						
4. Corporations: Enter	Names and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	RICHARD LE	E MARTIN JR.	3905 N. 1200 E. P.O. BOX 422	BUHL	ID	USA	83316-0422	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 168697		Signature: Richa		Date: 07/14/2011				
		Name (type or p		Title: President				
Processed 07/14/2011	_	* Electronically prov	rided signatures are accepted as original s	signatures.			_	