No. C 147914				2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form			RALPH A ZIMMERMAN				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed. ADVANCED MEDICAL SALES, INC. RALPH A ZIMMERMAN 711 DUNDEE DR		711 DUNDEE DR POST FALLS ID 83854					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
	POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature:*					
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held Name		Street or PO Address		City	State	Country	Postal Code	
SECRETARY ANNABEL L	ZIMMERMAN	711 DUNDEE DR.		POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:	6. Annual Report must be signed.*							
ID	Signature: Ralph Zimmerman			Date: 12/27/2010				
C 147914	Name (type or print): Ralph Zimmerman			Title: President				
Processed 12/27/2010	* Electronically provided signatures are accepted as original signatures.							