No. <b>C 68674</b>		Due no later than Dec 31, 2013 Annual Report Form		2. Registered	2. Registered Agent and Address (NO PO BOX)  JIM TROUNSON 145 DOVER LN BOISE ID 83705  3. New Registered Agent Signature:*			
Return to:				10 00001 100000000000000000000000000000				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MEDICAL MANAGEMENT, INC.  JIM TROUNSON PO BOX 5328 BOISE ID 83705		N				
				3. <u>New</u> Regist				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter	Names and Busin	ess Addresses o	of President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JIM TROUNS	SON	PO BOX 5328	BOISE	ID	USA	83705	
DIRECTOR	TED EPPERL	.Y	PO BOX 5328	BOISE	ID	USA	83705	
DIRECTOR	PAT HERMA	NSON	PO BOX 5328	BOISE	ID	USA	83705	
SECRETARY	KEVIN LEAR	NED	PO BOX 5328	BOISE	ID	USA	83705	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 68674		Signature: Suzanne Lowman			Date: 10/25/2013			
		Name (type	or print): Suzanne Lowman		Title: Financial Analyst			
Processed 10/25/2013		* Electronically provided signatures are accepted as original signatures.						