

No. <b>C 168697</b>	<b>Due no later than Sep 30, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> TWIN FALLS COUNTY MARTIN'S MEDICAL EQUIPMNET REPAIR CENTER, INC. RICHARD LEE MARTIN JR. PO BOX 422 BUHL ID 83316-0422		RICHARD L MARTIN JR 1164 E 3500 N BUHL ID 83316			
			3. <u>New</u> Registered Agent Signature:*			
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
PRESIDENT	RICHARD LEE MARTIN JR.	1164 E 3500 N P.O. BOX 422	BUHL	ID	USA	83316-0422
5. Organized Under the Laws of:  <b>ID</b> <b>C 168697</b>		6. Annual Report must be signed.* Signature: Richard L Martin Jr. Name (type or print): Richard L Martin Jr.		Date: 10/01/2012 Title: President		
Processed 10/01/2012		* Electronically provided signatures are accepted as original signatures.				