No. <b>C 188280</b> Return to:		Due no later than Aug 31, 2018  Annual Report Form			2. Registered Agent and Address (NO PO BOX) STEPHANIE W MCDONALD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MCDONALD MEDICAL CONSULTING SERVICES, INC.  STEPHANIE W. MCDONALD  2026 E GOODMAN COURT  BOISE ID 83712-8400		_	2026 E GOODMAN COURT BOISE ID 83712-8400  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		oss Addresses of Pro	sident Secretary and Directors Trea	ocuror (	ontional)			
Office Held	Name	ess Addresses of Fre	Street or PO Address	isulei (t	City	State	Country	Postal Code
DIRECTION SECRETARY PRESIDENT	THOMAS G. WALKER KEVIN MCDONALD STEPHANIE W. MCDONALD		2026 E. GOODMAN CT. 2026 E. GOODMAN CT. 2026 E. GOODMAN CT.		BOISE BOISE BOISE	ID ID ID	USA USA USA	83712-8400 83712-8400 83712-8400
5. Organized Under the Laws of:  ID  C 188280		6. Annual Report must be signed.* Signature: Thomas G. Walker Name (type or print): Thomas G. Walker			Date: 06/19/2018 Title: Director			
Processed 06/19/2018		* Electronically provided signatures are accepted as original signatures.						