No. <b>C 196071</b> Return to:		Due no later than Sep 30, 2013	2. Registered Agent and Address (NO PO BOX)				
		Annual Report Form	AND AND AND AND ADDRESS OF THE PARTY AND ADDRE	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  REIMBURSEMENT MANAGEMENT CONSULTANTS, INC.	BOISE ID 83				
		KATIE NELSON  13275 SE 242ND AVE	USA	USA			
		DAMASCUS OR 97089	3. New Register	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Ente	er Names and Busin	ess Addresses of President, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DANA BROV	VN 13275 SE 242ND AVE	DAMASCUS	OR	USA	97089	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
OR C 196071		Signature: Katie Nelson	Date: 09/30/2013				
		Name (type or print): Katie Nelson	Title:	Title: Office Manager			
Processed 09/30/201	3	* Electronically provided signatures are accepted as original signatures	gnatures.				