

No. <b>C 186923</b>	<b>Due no later than Apr 30, 2013</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> MOSES MEDIC INC. MARC PORTER MOSES 4464 W. FRANKLIN RD APT. 202 BOISE ID 83705	MARC PORTER MOSES 4464 W. FRANKLIN RD. APT. 202 BOISE ID 83705				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	MARC PORTER MOSES	4464 W. FRANKLIN RD. APT. 202	BOISE	ID	USA	83705
5. Organized Under the Laws of:  <b>ID C 186923</b>	6. Annual Report must be signed.* Signature: Porter Moses Name (type or print): Porter Moses			Date: 03/25/2013	Title: President	
Processed 03/25/2013		* Electronically provided signatures are accepted as original signatures.				