

|  |              |   |           |  |         |  |  |
|--|--------------|---|-----------|--|---------|--|--|
| No. <b>C 186419</b>  |              | <b>Due no later than Mar 31, 2013</b><br><b>Annual Report Form</b>  |           | 2. Registered Agent and Address ( <b>NO PO BOX</b> )       |         |  |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>AAA MEDICAL SOLUTIONS, INC.<br>AARON D HALE<br>412 S KING AVE STE 100<br>MIDDLETON ID 83644-5294 |           | AARON D HALE<br>621 E KING ST STE 150<br>MERIDIAN ID 83642 |         |  |  |
|  |              |   |           |  |         | 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  | AARON D HALE | 412 S. KING AVE. SUITE 100  | MIDDLETON | ID   | USA     | 83644                                      |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>C 186419</b>  |              | <b>6. Annual Report must be signed.*</b><br><br>Signature: Aaron D. Hale<br>Name (type or print): Aaron D. Hale   |           |  |         |  |  |
|  |              | Date: 01/17/2013<br>Title: President  |           |  |         |  |  |
| Processed 01/17/2013   |              | * Electronically provided signatures are accepted as original signatures.   |           |  |         |  |  |