

No. C 160156		Due no later than Apr 30, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. DIVINE MEDICAL SERVICES, INC. 709 NORTH LINCOLN JEROME ID 83338		MARK CHRISTENSEN 709 N LINCOLN JEROME ID 83338			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
DIRECTOR	MARK CHRISTENSEN	709 NORTH LINCOLN	JEROME	ID	USA	83338	
DIRECTOR	AL STEVENSON	709 NORTH LINCOLN	JEROME	ID	USA	83338	
DIRECTOR	CURTIS MAIER	709 NORTH LINCOLN	JEROME	ID	USA	83338	
5. Organized Under the Laws of: ID C 160156		6. Annual Report must be signed.* Signature: Mark Christensen Name (type or print): Mark Christensen					
		Date: 05/28/2010 Title: Director					
Processed 05/28/2010		* Electronically provided signatures are accepted as original signatures.					