No. **W 17473**	**Due no later than Dec 31, 2015** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** MEDICAL RECOVERY SERVICES, LLC. PO BOX 51178 IDAHO FALLS ID 83405	MARK R FULLER 410 MEMORIAL DR STE 201 IDAHO FALLS ID 83402 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	TAYLOR THOMAS LUGO	4183 ROCKY RIDGE ROAD	IDAHO FALLS	ID	USA	83406

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 17473**	Signature: Taylor T. Lugo	Date: 11/16/2015
	Name (type or print): Taylor T. Lugo	Title: Manager

Processed 11/16/2015

* Electronically provided signatures are accepted as original signatures.