No. C 178992	Due no later than Jun 30, 2014	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	TIM ROSS			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	3882 E CORDELL CIRCLE IDAHO FALLS ID 83401			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ADVANCED MEDICAL SOLUTIONS INC TIMOTHY D ROSS 3882 E CORDELL CIRCLE	3. New Registered Agent Signature:*			
	IDAHO FALLS ID 83401				
NO FILING FEE IF RECEIVED BY DUE DATE	USA				
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 TIMOTHY D	ROSS 3882 E CORDELL CIRCLE	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Timothy D Ross	Date: 06/20/2014			
C 178992	Name (type or print): Timothy D Ross	Title: President			
Processed 06/20/2014	* Electronically provided signatures are accepted as original signatures.				