No. <b>C 99265</b>		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MEDICAL EVALUATORS, INC. RICHARD T KNOEBEL  400 S MAIN STREET STE 203 PO BOX 2920 HAILEY ID 83333-2920		2. Registered Agent and Address (NO PO BOX)  RICHARD T KNOEBEL  400 S MAIN ST STE 203  HAILEY ID 83333  3. New Registered Agent Signature:*			
Return to:							
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE							
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
SECRETARY	NANETTE KE	ETH HINTON	PO BOX 10197	KETCHUM	ID	USA	83340
PRESIDENT	T RICHARD T KNOEBEL		400 S MAIN STREET STE 203 PO BOX 2920	HAILEY	ID	USA	83333-2920
E Organized Under th	oo Laws of	6 Appual Bancet me	uet ha cianad *				
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 99265		Signature: Naneti	Date: 06/03/2013				
		Name (type or pri	Title: Secretary				
Processed 06/03/2013		<b>ч</b> = 1	ded signatures are accepted as original sign				