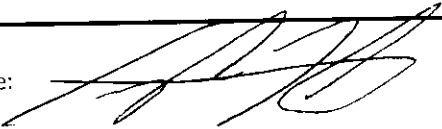
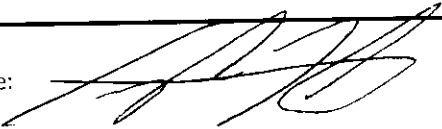
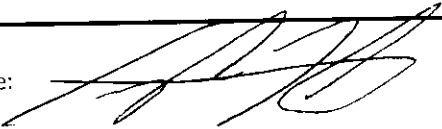


No. W 17473	Due no later than Dec 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MARK R FULLER 410 MEMORIAL DR STE 201 IDAHO FALLS ID 83402
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MEDICAL RECOVERY SERVICES, LLC. PO BOX 51178 IDAHO FALLS ID 83405		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Taylor T. Lugo	PO Box 51178	Idaho Falls	ID	U.S	83405
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 17473</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>3/5/15</u> </td> </tr> <tr> <td> Name (type or print): <u>Taylor T. Lugo</u> </td> <td> Title: <u>Manager</u> </td> </tr> </table>	Signature: 	Date: <u>3/5/15</u>	Name (type or print): <u>Taylor T. Lugo</u>	Title: <u>Manager</u>
Signature: 	Date: <u>3/5/15</u>				
Name (type or print): <u>Taylor T. Lugo</u>	Title: <u>Manager</u>				

Issued 02/25/2015 by TLB
130821