No. **C 184951**	**Due no later than Oct 31, 2013** **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.** THOMPSON MEDICAL SERVICES PC JOHN SIMMONS 796 MEMORIAL DR IDAHO FALLS ID 83402	JUSTIN THOMPSON 3992 WILLOW RIDGE DR IDAHO FALLS ID 83406 3. New 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
PRESIDENT	JUSTIN THOMPSON	3992 WILLOW RIDGE DR	IDAHO FALLS	ID	USA	83406

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 184951**	Signature: John Simmons	Date: 08/09/2013
	Name (type or print): John Simmons	Title: Attorney

Processed 08/09/2013

* Electronically provided signatures are accepted as original signatures.