

No. C 181835		Due no later than Feb 28, 2014 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. MEDCARE INC RICHARD K NEBEKER 2175 E OLYMPIC AVE IDAHO FALLS ID 83404 USA		RICHARD K NEBEKER 2175 E OLYMPIC AVE IDAHO FALLS ID 83404			
						3. <u>New</u> 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	RICHARD K NEBEKER	2175 E OLYMPIC AVENUE	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 181835		6. Annual Report must be signed.* Signature: Richard K Nebeker Name (type or print): Richard K Nebeker					
		Date: 12/16/2013 Title: Owner					
Processed 12/16/2013 * Electronically provided signatures are accepted as original signatures.							