No. C 193966		Du	2. Registered	2. Registered Agent and Address (NO PO BOX) THOMAS R AMADOR 5460 W. FRANKLIN RD., SUITE I BOISE ID 83706 3. New Registered Agent Signature:*				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MEDICAL SERVICES OF IDAHO INC. THOMAS R AMADOR 5460 W. FRANKLIN RD., SUITE I BOISE ID 83706						The second second second second
								BOISE ID
								3. <u>New</u> Regist
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter	Names and Busin	ess Addresses of	President, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	THOMAS R	AMADOR	967 E. PARKCENTER BLVD. #134	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Th		Date: 01/17/2013				
C 193966		Name (type o		Title: Director				
Processed 01/17/2013	3	* Electronically p	rovided signatures are accepted as original si	gnatures.			_	