

|  |                   |  |       |  |         |             |  |  |  |
|--|-------------------|--|-------|--|---------|-------------|--|--|--|
| No. <b>C 214783</b>  |                   | <b>Due no later than Aug 31, 2018</b>  |       | <b>Annual Report Form</b>                                  |         |             |  | 2. Registered Agent and Address <b>(NO PO BOX)</b> |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br>MM MEDICAL SERVICES, INC.<br>MICHAEL A MCISAAC<br>710 SANCTUARY HILLS<br>SAGLE ID 83860 |       | MICHAEL A MCISAAC<br>710 SANCTUARY HILLS<br>SAGLE ID 83860 |         |             |  |  |  |
|  |                   |  |       | 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  | MICHAEL A MCISAAC | 710 SANCTUARY HLS  | SAGLE | ID   | USA     | 83860       |  |  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 214783</b>  |                   | 6. Annual Report must be signed.*<br>Signature: Michael A McIsaac<br>Name (type or print): Michael A McIsaac<br>Date: 07/16/2018<br>Title: Owner     |       |  |         |             |  |  |  |
| Processed 07/16/2018   |                   | * Electronically provided signatures are accepted as original signatures.  |       |  |         |             |  |  |  |