No. C 176020		Due no later than Nov 30, 2013 Annual Report Form		2. Registered Age	Registered Agent and Address (NO PO BOX) WILLIAM FORSBERG			
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.		49 PROFESSIONAL PLAZA REXBURG ID 83440			
		FREMONT MEDICAL SERVICES, PC SANDY CHEYNE 430 NORTH BRIDGE ST ANTHONY ID 83445 USA		REXBURG ID	REXBURG ID 83440			
				3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter N	lames and Busin	ess Addresses o	f President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT STEPHEN J			430 N. BRIDGE ST	ST ANTHONY	ID	USA	83445	
SECRETARY SANDY E C		HEYNE	430 N. BRIDGE ST	ST ANTHONY	ID	USA	83445	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sandy Cheyne			Date: 11/06/2013			
C 176020		Name (type	or print): Sandy Cheyne		Title: Secretary			
Processed 11/06/2013		* Electronically	provided signatures are accepted as origina	al signatures.				