

No. W 4419	Reinstatement Annual Report Form ADMIN DISSOLVED 11/15/2016	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. MEDICAL SERVICE ASSOCIATES, L.L.C. MARY E ZOLLINGER 393 E 2ND N 950 Green Haven Street REXBURG ID 83440	2. Registered Agent and Office (NOT A P.O. BOX) C JEFFREY ZOLLINGER 393 E 2ND N 950 Green Haven Street REXBURG ID 83440
REINSTATEMENT FEE DUE: \$30.00	3. New Registered Agent Signature.	

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
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Manager Member Charles Jeffrey Zollinger 950 Green Haven Street Rexburg ID 83440

Manager Member Mary Eileen Zollinger 950 Green Haven Street Rexburg ^{Madison Co.} ID 83440

Manager Member

Manager Member

5. Organized Under the Laws of:

IDAHO
W 4419

6.

Signature:

Mary Eileen Zollinger

Date:

11-28-2016

Name (type or print):

Mary Eileen Zollinger

Title:

Manager

FILED