

No. **C 151587**

**Due no later than November 30, 2004  
Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

MOUNTAIN MEDICAL SOLUTIONS, INC.  
144 LITTLE WOODRIVER RD  
CAREY, ID 83320

TAMARA L CASTLE  
144 LITTLE WOODRIVER RD  
CAREY, ID 83320

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Tamara Castle	144 Little Woodriver Rd	Carey	ID	83320
Secretary	Tina Trsnovec	1163 Box 2803	Challis	ID	83226

5. Organized Under the Laws of:

IDAHO  
C 151587

6.

Signature

*T.L. Castle*

Date

*9/12/04*

Name (Typed or Printed)

~~Tamara~~ Tamara Castle

Title

*President*

Issued 09/01/2004

Do Not Tape or Staple

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