No. C 146839		Due no later than Dec 31, 2013		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TIM SMITH	TIM SMITH CPA			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BRUMFIELD MEDICAL SERVICES, P.C. TROY BRUMFIELD 356 LA COSTA DR. IDAHO FALLS ID 83401		IDAHO FALLS	1820 E 17TH ST STE 200 IDAHO FALLS ID 83404 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. Treasurer (optional).								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT TROY R BRI		UMFIELD	356 LACOSTA DRIVE	IDAHO FALLS	ID	USA	83401-5651	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Troy Brumfield			Date: 10/18/2013			
C 146839		Name (type o		Title: President				
Processed 10/18/2013 * Electronically provided signatures are accepted as original signatures.								