

FILED EFFECTIVE
2016 APR 17 PM 3:33

SECRETARY OF STATE
STATE OF IDAHO



STATEMENT OF CHANGE OF
REGISTERED AGENT,
REGISTERED OFFICE,
OR BOTH
(See reverse for instructions)

File #: W17473

The undersigned entity submits the following statement for the purpose of changing its registered agent, its registered office, or both, in the State of Idaho.

1. The name of the entity is:
Medical Recovery Services, LLC
2. The name and street address of the old registered agent and office is:
Mark R. Fuller
410 Memorial Drive, Ste. 201
Idaho Falls, Idaho 83402
3. The name and street address of the new registered agent and office in Idaho is:
Bryan N. Zollinger
414 Shoup Avenue
(not a PO box or PMB)
Idaho Falls, Idaho 83402

I consent to serve as registered agent for the above-named entity.

(Signature of new registered agent)
02/16/2016
(Date)

Date: 02/16/2016

Signature:

Printed: Ned Zollinger

Capacity: Member

NO FEE REQUIRED