No. W 4419	Du	Due no later than Jul 31, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C JEFFREY ZOLLINGER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MEDICAL SERV	1. Mailing Address: Correct in this box if needed. MEDICAL SERVICE ASSOCIATES, L.L.C. MARY E ZOLLINGER 393 E 2ND N REXBURG ID 83440 USA		393 E 2ND N REXBURG ID 83440 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: En	er Names and Addresses	of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	FREY ZOLLINGER ZOLLINGER	393 E 2ND N 950 GREENHAVEN	REXBURG REXBURG	ID ID	USA USA	83440 83440	
5. Organized Under the Laws of: 6. Annual Repor		must be signed.*					
ID Signature: N		lary Zolllinger Date: 05/09/2012					
W 4419	Name (type or	Name (type or print): Mary Zolllinger		Title: Office Manager			
Processed 05/09/2012	* Electronically pro	* Electronically provided signatures are accepted as original signatures.					