

No. W 3867	Due no later than Apr 30, 2001	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form 1. Mailing Address - Correct in this box, if applicable MEDICAL SAVINGS OF AMERICA L.L.C. KEVIN KENNEDY 960 BROADWAY STE 505 BOISE, ID 83706	KEVIN KENNEDY 960 BROADWAY STE 505 BOISE, ID 83706												
		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Owner</td> <td>Kevin V. Kennedy</td> <td>3397 W. Park Creek</td> <td>Meridian</td> <td>ID</td> <td>83642</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Owner	Kevin V. Kennedy	3397 W. Park Creek	Meridian	ID	83642
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Owner	Kevin V. Kennedy	3397 W. Park Creek	Meridian	ID	83642									
5. Organized Under the Laws of: IDAHO W 3867	6. Signature <u><i>Kevin Kennedy</i></u> Date <u>2/26/01</u> Name (Typed or Printed) <u>Kevin Kennedy</u> Title: <u>XXXX</u>													