

No. <b>W 17473</b>	<b>Due no later than Dec 31, 2016</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> MEDICAL RECOVERY SERVICES, LLC. PO BOX 51178 IDAHO FALLS ID 83405	BRYAN N ZOLLINGER 414 SHOUP AVE IDAHO FALLS ID 83402				
		3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	TAYLOR THOMAS LUGO	4183 ROCKY RIDGE ROAD	IDAHO FALLS	ID	USA	83406
5. Organized Under the Laws of:  <b>ID W 17473</b>	6. Annual Report must be signed.* Signature: Taylor T. Lugo Name (type or print): Taylor T. Lugo		Date: 12/06/2016 Title: Manager			
Processed 12/06/2016		* Electronically provided signatures are accepted as original signatures.				