| No. C 177448 | | Due no later than Mar 31, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|------|--|---------------|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | SCOTT BAILEY | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. NATIONAL MEDICAL SOLUTIONS INC SCOTT B BAILEY 206 S COLE RD BOISE ID 83709 | | 206 S COLE RD BOISE ID 83709 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | |
| 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 SCOTT B BAILEY | | AILEY 206 S. | COLE RD | BOISE | ID | USA | 83709 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Scott Bailey | | Date: 01/28/2014 | | | |
| C 177448 | | Name (type or print): Scott Bailey | | Title: CEO/President | | | |
| Processed 01/28/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | |