No. **C 140333**	**Due no later than Aug 31, 2010** **Annual Report Form**	2. Registered Agent and Address **(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**	**1. Mailing Address: Correct in this box if needed.** HEALTH SERVICES MANAGEMENT, INC. DAVID C OLSEN 7805 HUDSON RD SUITE 190 ST PAUL MN 55125 USA	INCORP SERVICES, INC. 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*

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
DIRECTOR	JAMES WIELAND	7805 HUDSON ROAD STE 190	ST PAUL	MN	USA	55125
SECRETARY	JANICE WIELAND	7805 HUDSON ROAD STE 190	ST PAUL	MN	USA	55125
PRESIDENT	DAVID C OLSEN	7805 HUDSON ROAD STE 190	ST PAUL	MN	USA	55125

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
MN **C 140333**	Signature: David C Olsen	Date: 08/27/2010
	Name (type or print): David C Olsen	Title: President & Ceo

Processed 08/27/2010

* Electronically provided signatures are accepted as original signatures.