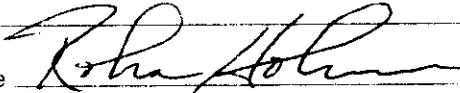


<b>No. W 4419</b>	<b>Due no later than July 31, 2005</b> <b>Annual Report Form</b>	<b>2. Registered Agent and Office NO PO BOX</b> C JEFFREY ZOLLINGER 393 E 2ND N REXBURG, ID 83440																								
<b>Return to:</b> SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b> MEDICAL SERVICE ASSOCIATES, L.L.C. 393 E 2ND N REXBURG, ID 83440	<b>3. New Registered Agent Signature</b>																								
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td><u>Pres.</u></td> <td>Jeffrey Zollinger</td> <td>950 Greenhaven</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td><u>V-Pres.</u></td> <td>Rehn Holman</td> <td>915 Greenhaven</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td><u>Sec.</u></td> <td>Mary Zollinger</td> <td>950 Greenhaven</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	<u>Pres.</u>	Jeffrey Zollinger	950 Greenhaven	Rexburg	ID	83440	<u>V-Pres.</u>	Rehn Holman	915 Greenhaven	Rexburg	ID	83440	<u>Sec.</u>	Mary Zollinger	950 Greenhaven	Rexburg	ID	83440
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<b>5. Organized Under the Laws of:</b> IDAHO W 4419	<b>6.</b> <div style="display: flex; justify-content: space-between;"> <div>           Signature             Name (Type or Print) <u>Rehn Holman</u> </div> <div>           Date <u>5/1/05</u>            Title <u>Vice Pres.</u> </div> </div>																									

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