

No. W 3867	Due no later than Apr 30, 2002 Annual Report Form		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	1. Mailing Address - Correct in this box, if applicable MEDICAL SAVINGS OF AMERICA L.L.C. KEVIN KENNEDY 960 BROADWAY STE 505 12965 W. Paint Dr. BOISE, ID 83706 83713		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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="padding-top: 10px;">Owner</td> <td style="padding-top: 10px;">Kevin Kennedy</td> <td style="padding-top: 10px;">12965 W. Paint</td> <td style="padding-top: 10px;">Boise</td> <td style="padding-top: 10px;">ID</td> <td style="padding-top: 10px;">83713</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 Kennedy	12965 W. Paint	Boise	ID	83713
<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 Kennedy	12965 W. Paint	Boise	ID	83713										
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 3867</div>		6. Signature <u>Ken KG</u> Date <u>04/02/02</u> Name <small>(Typed or Printed)</small> <u>Kevin Kennedy</u> Title <u>Owner</u>													