

No. C 182229		Due no later than Mar 31, 2011		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. COMPASSIONS MEDICAL AID INCORPORATED MARK C PRICE 745 CRIMSON DR IDAHO FALLS ID 83401 USA		MARK PRICE 745 CRIMSON DR IDAHO FALLS ID 83401			
				3. <u>New</u> 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	JOHN TAYLOR	242 5TH ST	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 182229		Signature: Mark Price				Date: 03/19/2011	
		Name (type or print): Mark Price				Title: Owner	
Processed 03/19/2011		* Electronically provided signatures are accepted as original signatures.					