No. <b>C 169742</b>		Due no later than Nov 30, 2014  Annual Report Form		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:					ROBERT TIMOTHY THURMAN MD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ONE WORLD MEDICAL RELIEF INC.  ZABRINA Y THURMAN  933 S UTAH  IDAHO FALLS ID 83402		IDAHO FALLS	933 S UTAH IDAHO FALLS 83404  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nam	nes and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER DIRECTOR SECRETARY	IRECTOR ROBERT TIMOTHY THURMAN MD			IDAHO FALLS IDAHO FALLS IDAHO FALLS	ID ID ID	USA USA USA	83402 83404 83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Robert T.		Date: 11/11/2014				
C 169742		Name (type or print)		Title: President				
Processed 11/11/2014		Electronically provided signatures are accepted as original signatures.						