No. C 112517		Due no later than Oct 31, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. ACULINK HEALTH CARE ACCOUNTS SOLUTIONS, INC. CATHERINE L MUMM 2963 E. COPPER POINT DRIVE MERIDIAN ID 83642-9056 USA		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ACULINK HE CATHERINE 2963 E. COP MERIDIAN II			PO HUANG 2963 E. COPPER POINT DRIVE MERIDIAN ID 83642-9056 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and R		f President, Secretary, and Directors. Treasure	er (ontional)				
Office Held Name	asiness / taaresses e	Street or PO Address	City	State	Country	Postal Code	
	N WILDING EPPERSON	2963 E. COPPER POINT DRIVE 2963 E. COPPER POINT DRIVE	MERIDIAN MERIDIAN	ID ID	USA USA	83642-9056 83642-9056	
5. Organized Under the Laws of: 6. Annual		ort must be signed.*					
ID Signature: 0		Catherine Mumm	Date: 08/12/2013				
C 112517	Name (type	Name (type or print): Catherine Mumm Title: Accountant					
Processed 08/12/2013	* Electronically	* Electronically provided signatures are accepted as original signatures.					