| No. C 186419 | | Due no later than Mar 31, 2016 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------------|--|---|-------------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | AARON D | AARON D HALE | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing | | 7110 S. ANGEL WAY | | | | |
| | | AAA MEDICAL SOLUTIONS, INC. AARON D HALE 412 S KING AVE STE 100 MIDDLETON ID 83644-5294 | | | MERIDIAN ID 83642 3. New Registered Agent Signature:* | | | |
| | | | | | | | | |
| 4. Corporations: Ente | r Names and Busin | ess Addresses o | f President, Secretary, and Directors. Trea | surer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | AARON D H | IALE | 412 S. KING AVE. SUITE 100 | MIDDLETON | ID | USA | 83644 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 186419 | | Signature: A | | Date: 01/25/2016 | | | | |
| | | Name (type | | Title: President | | | | |
| Processed 01/25/201 | 6 | * Electronically | provided signatures are accepted as origin | al signatures. | | _ | | |