

No. W 4419		Due no later than Jul 31, 2009		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		Annual Report Form		C JEFFREY ZOLLINGER 393 E 2ND N REXBURG ID 83440			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		MEDICAL SERVICE ASSOCIATES, L.L.C. ROHN E HOLMAN 393 E 2ND N REXBURG ID 83440 USA					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	C JEFFREY ZOLLINGER	393 E 2ND N	REXBURG	ID	USA	83440	
MANAGER	MARY ZOLLINGER	950 GREENHAVEN	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 4419		Signature: C. Jeffrey Zollinger			Date: 06/19/2009		
		Name (type or print): C. Jeffrey Zollinger			Title: Owner		
Processed 06/19/2009		* Electronically provided signatures are accepted as original signatures.					