STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

REGISTERED

To the Secretary of State of the State of Idaho:

| organized under the laws of the State | of submits the following statement for the ce or its registered agent, or both, in the State of Idaho. |
|---|--|
| 1. The name of the corporation is | MEDICAL MANAGEMENT, INC. |
| 2. The street or RFD address of its pres | ent registered office is1401 SHORELINE DRIVE |
| | BOISE, IDAHO 83702 |
| 3. The street or RFD address to which in SUITE #215, BOISE, IDAHO | ts registered office is to be changed is 1755 WESTGATE DRIVE |
| 4. The name of its old registered agent is | s JIM TROUNSON |
| | CAME |
| 5. The name of its new registered agent6. The address of the registered office | and the business address of the registered agent are identical. |
| | ed by resolution of the board of directors. |
| | Ву |
| | DDESTDENT |
| TDALIO | Title: (Must be signed by an officer of the corporation) |
| STATE OF IDAHO |)) ss: |
| COUNTY OF ADA |) |
| I, Jolene A. Hobdey | , a notary public, do hereby certify that on this |
| First day of0 | totober , 19 84 , personally appeared |
| | , |
| 1 T | who being by me first duly sworn |
| before me Jim Trounson | . who being by me first duly sworn. nt of Medical Management, Inc. |
| before me Jim Trounson | nt , who being by me first duly sworn, of Medical Management, Inc. |