No. <b>C 137582</b>		Due no later than Feb 28, 2015		2. Registered	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  1. Mailing Address: Correct in this box if needed.  MEDICAL BILLING SPECIALISTS INC. CARMEN JACOBSEN 3355 N FIVE MILE #307 BOISE ID 83713		10457 W EI	3. <u>New</u> Registered Agent Signature:*			
				3. <u>New</u> Regist				
4. Corporations: Enter Nam	nes and Busin	ess Addresses of Pi	esident, Secretary, and Directors. Treasur	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	JOHN MARSH		3355 N FIVE MI RD #307	BOISE	ID	USA	83713	
SECRETARY CATHY BUSTE		ΓER	3355 N FIVE MILE RD #307	BOISE	ID	USA	83713	
DIRECTOR	DIRECTOR JAMES A JAC		3355 N FIVE MILE RD #307	BOISE	ID	USA	83713	
PRESIDENT	IDENT CARMEN E JACOBSEN		3355 N FIVE MILE RD #307	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 137582		Signature: Carr		Date: 01/23/2015				
		Name (type or print): Carmen Jacobsen			Title: Presidernt			
Processed 01/23/2015		* Electronically pro	vided signatures are accepted as original	signatures.				