

No. C123822	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct MEDICAL PROVIDER SERVICES, I SANDY NIEHM BOX 508		SANDY NIEHM BOX 508 COUNCIL ID 83612													
	COUNCIL ID 83612		3. Organized Under the Laws of: ID C123822													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ Members (check one) <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Sandy Niehm</td> <td>Fruitvale Glen Dale Rd</td> <td>Council Id</td> <td>83612</td> <td></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	Sandy Niehm	Fruitvale Glen Dale Rd	Council Id	83612	
Office held	Name	Street or P.O. Address	City	State	Zip											
Pres.	Sandy Niehm	Fruitvale Glen Dale Rd	Council Id	83612												
5. Signature of New Registered Agent		6. <table border="0"> <tr> <td>Signature</td> <td><u>Sandy Niehm</u></td> <td>Date</td> <td><u>10/20/99</u></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td><u>Sandy Niehm</u></td> <td>Title</td> <td><u>Adm.</u></td> </tr> </table>			Signature	<u>Sandy Niehm</u>	Date	<u>10/20/99</u>	Name (Typed or Printed)	<u>Sandy Niehm</u>	Title	<u>Adm.</u>				
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ISSUED: 07-03-1999

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