

No. W 83351	Due no later than Apr 30, 2013 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. MEDICAL EXPANSION SOLUTIONS, LLC 110 VISTA DR POCATELLO ID 83201		MARK MANSFIELD 110 VISTA DR POCATELLO ID 83201			
			3. <u>New</u> Registered Agent Signature:*			
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
MEMBER	MARK L. MANSFIELD	110 VISTA DRIVE	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 83351		6. Annual Report must be signed.* Signature: Jennie Rawlings Name (type or print): Jennie Rawlings Date: 02/13/2013 Title: Manager				
Processed 02/13/2013		* Electronically provided signatures are accepted as original signatures.				