No. <b>C 140333</b>		Due no later than Aug 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to:				INCORP SERVICES, INC.			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  HEALTH SERVICES MANAGEMENT, INC.  DAVID C OLSEN 7805 HUDSON RD		1524 S VISTA AVE STE 12 BOISE ID 83705-2536 USA			
NO FILING FEE IF RECEIVED BY DUE DATE		SUITE 190 ST PAUL MN 55125 USA		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
VICE PRESIDENT JAMES WIELAND SECRETARY JANICE WIELAND PRESIDENT DAVID C OLSEN		7805 HUDSON ROAD STE 190 7805 HUDSON ROAD STE 190 7805 HUDSON ROAD STE 190	ST PAUL ST PAUL ST PAUL	MN MN MN	USA USA USA	55125 55125 55125	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
MN C 140333		Signature: David C Olsen Name (type or print): David C Olsen		Date: 07/29/2014 Title: President & Ceo			
Processed 07/29/2014		* Electronically provided signatures are accepted as original signatures.					