

|  |                   |   |                 |   |         |             |  |
|--|-------------------|---|-----------------|---|---------|-------------|--|
| No. <b>C 165051</b>  |                   | <b>Due no later than Feb 28, 2014</b>   |                 | 2. Registered Agent and Address <b>(NO PO BOX)</b>                                  |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b>   |                 | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713<br>USA |         |             |  |
|  |                   | <b>1. Mailing Address: Correct in this box if needed.</b>   |                 | 3. <u>New</u> Registered Agent Signature:*  |         |             |  |
|  |                   | SPECIALIZED MEDICAL SERVICES, INC.<br>KAROL L ROGERS<br>5343 NORTH 118 TH COURT<br>MILWAUKEE WI 53225-3085<br>USA |                 |   |         |             |  |
| 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 |  |
| DIRECTOR   | DAVID W. BECK     | W174 N9419 JOPER ROAD   | MENOMONEE FALLS | WI  | USA     | 53051       |  |
| PRESIDENT  | STEVEN F MARSHALL | W160 N 8211 OLD ORCHARD CT  | MENOMONEE FALLS | WI  | USA     | 53051       |  |
| 5. Organized Under the Laws of:<br><b>WI<br/>C 165051</b>  |                   | 6. Annual Report must be signed.*<br>Signature: Karol Rogers<br>Name (type or print): Karol Rogers                |                 | Date: 01/30/2014<br>Title: Accountant   |         |             |  |
| Processed 01/30/2014   |                   | * Electronically provided signatures are accepted as original signatures.   |                 |   |         |             |  |