No. <b>C 189264</b>		Due no later than Dec 31, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  PATIENT SUPPORT SERVICE, INC.  CAROL A WELLS  4261 N BRIGHT ANGEL AVE  MERIDIAN ID 83646		CAROL A WELLS 4261 N BRIGHT ANGEL AVE MERIDIAN ID 83646  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		ess Addresses of Preside	ent Secretary and Directors Treas	urer (	ontional)			
2001	me	233 / Idai e33e3 of 1 Tesial	Street or PO Address	arer (	City	State	Country	Postal Code
	CAROL A WELLS BOB WELLS		4261 N BRIGHT ANGEL AVE 4261 N BRIGHT ANGEL AVE		MERIDIAN MERIDIAN	ID ID	USA USA	83646 83646
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
WA C 189264		Signature: Carol A Wells			Date: 11/09/2015			
		Name (type or print): Carol A Wells			Title: President			
Processed 11/09/2015 * Electronically provided signatures are accepted as original signatures.								