

No. C 68674		Due no later than Dec 31, 2010 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 MANAGEMENT, INC. JIM TROUNSON PO BOX 5328 BOISE ID 83705		JIM TROUNSON 145 DOVER LN BOISE ID 83705			
				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	
PRESIDENT	JIM TROUNSON	PO BOX 5328	BOISE	ID	USA	83705	
5. Organized Under the Laws of: ID C 68674		6. Annual Report must be signed.* Signature: Monica Gabby Name (type or print): Monica Gabby Date: 10/27/2010 Title: Office Administrator					
Processed 10/27/2010		* Electronically provided signatures are accepted as original signatures.					