No. <b>C 121612</b>	D	Due no later than Nov 30, 2012 Annual Report Form  1. Mailing Address: Correct in this box if needed.  MEDICAL RESOURCES OF IDAHO, INC.  MEGAN HARMON PO BOX 4182 POCATELLO ID 83205 USA		2. Registered Agent and Address (NO PO BOX)  RICHELLE HELDWEIN  1855 TAGHEE LN  POCATELLO ID 83204  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE	MEDICAL RE MEGAN HAR PO BOX 4182 POCATELLO						
4. Corporations: Enter Names and E	usiness Addresses o	f President, Secretary, and Directors. Treasu	rer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR KENNET	1 NEWHOUSE	P.O. BOX 4182	POCATELLO	ID	USA	83205	
DIRECTOR GENTRY YOST		P.O. BOX 4182	POCATELLO	ID	USA	83205	
DIRECTOR DREW I	RECTOR DREW MCROBERTS		POCATELLO	ID	USA	83205	
PRESIDENT B.F CAL	_	P.O. BOX 4182	POCATELLO	ID	USA	83205	
DIRECTOR KRIS W	ALKER	P.O. BOX 4182	POCATELLO	ID	USA	83205	
DIRECTOR BRADLE	BURTON	P.O. BOX 4182	POCATELLO	ID	USA	83205	
5. Organized Under the Laws of: 6. Annual Report		ort must be signed.*					
ID	Signature: R	Signature: Richelle Heldwein		Date: 10/18/2012			
C 121612	Name (type	Name (type or print): Richelle Heldwein			Title: Admin		
Processed 10/18/2012 * Electronically provided signatures are accepted as original signatures.							