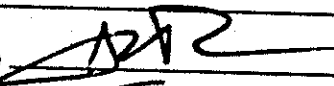


No. C 68674		Due no later than December 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box, if applicable MEDICAL MANAGEMENT, INC. JIM TROUNSON PO BOX 5328 BOISE, ID 83705		JIM TROUNSON 145 DOVER LN BOISE, ID 83705													
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																	
<table border="1"><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td>President</td><td>Jim Trounson</td><td>PO Box 5328</td><td>Boise</td><td>ID</td><td>83705</td></tr></tbody></table>						<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Jim Trounson	PO Box 5328	Boise	ID	83705
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>												
President	Jim Trounson	PO Box 5328	Boise	ID	83705												
5. Organized Under the Laws of: IDAHO C 68674		6. Signature  Name <small>(Typed or Printed)</small> <u>JIM TROUNSON</u>		Date <u>10-22-2007</u> Title <u>PRESIDENT</u>													
Issued 10/01/2007		Do Not Tape or Staple		200712000692													