

No. C 186419		Due no later than Mar 31, 2014 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. AAA MEDICAL SOLUTIONS, INC. AARON D HALE 412 S KING AVE STE 100 MIDDLETON ID 83644-5294		AARON D HALE 7110 S. ANGEL WAY MERIDIAN ID 83642			
						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	AARON D HALE	412 S. KING AVE. SUITE 100	MIDDLETON	ID	USA	83644	
5. Organized Under the Laws of: ID C 186419		6. Annual Report must be signed.* Signature: Aaron D. Hale Name (type or print): Aaron D. Hale					
		Date: 02/12/2014 Title: President					
Processed 02/12/2014 * Electronically provided signatures are accepted as original signatures.							