

No. C 170594		Due no later than Dec 31, 2012 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		1. Mailing Address: Correct in this box if needed. MEDICAL DELIVERY SERVICES OF PRESTON, INC. BRYAN R SHUMAN 1075 DOUBLE EAGLE CIR PRESTON ID 83263 USA		R SHUMAN BRYAN 1075 DOUBLE EAGLE CIR PRESTON ID 83263			
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, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	KENNETH GARY KNAPP	607 S 100 E	PRESTON	ID	USA	83263	
SECRETARY	BRYAN R SHUMAN	1075 DOUBLE EAGLE CIRCLE	PRESTON	ID	USA	83263	
5. Organized Under the Laws of: ID C 170594		6. Annual Report must be signed.* Signature: Bryan Shuman Name (type or print): Bryan Shuman Date: 10/15/2012 Title: Secretary					
Processed 10/15/2012 * Electronically provided signatures are accepted as original signatures.							