

No. <b>W 4419</b>		<b>Due no later than Jul 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		C JEFFREY ZOLLINGER 393 E 2ND N REXBURG ID 83440	
		<b>1. Mailing Address: Correct in this box if needed.</b> MEDICAL SERVICE ASSOCIATES, L.L.C. MARY E ZOLLINGER 393 E 2ND N REXBURG ID 83440 USA		3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	C JEFFREY ZOLLINGER	393 E 2ND N	REXBURG	ID	83440
MANAGER	MARY EILEEN ZOLLINGER	950 GREENHAVEN	REXBURG	ID	83440
5. Organized Under the Laws of:  <b>ID W 4419</b>		6. Annual Report must be signed.* Signature: MARY EILEEN ZOLLINGER Name (type or print): MARY EILEEN ZOLLINGER			
				Date: 05/18/2015 Title: Manager	
Processed 05/18/2015		* Electronically provided signatures are accepted as original signatures.			