

No. C 186239		Due no later than Feb 28, 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. INJURY CARE MEDICAL CENTERS, INC. RICHARD RADNOVICH 4850 N ROSEPOINT WAY #100 BOISE ID 83713		RICHARD RADNOVICH 4850 N ROSEPOINT WAY #100 BOISE ID 83713			
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	RICHARD RADNOVICH	4850 ROSEPOINT WAY #100	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID C 186239		6. Annual Report must be signed.* Signature: Richard Radnovich Name (type or print): Richard Radnovich					
		Date: 12/27/2013 Title: President					
Processed 12/27/2013 * Electronically provided signatures are accepted as original signatures.							