

No. N 3567	Annual Report Form <i>Due No Later Than November 30,</i> 1997	2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct MEDICAL SAVINGS OF AMERICA L KEVIN KENNEDY 960 BROADWAY STE 505 BOISE ID 83706	KEVIN KENNEDY 960 BROADWAY STE 505 BOISE ID 83706 3. Organized Under the Laws of: ID W 3867												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table><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>CEO, President</td><td>Kevin Kennedy</td><td>960 Broadway STE 505</td><td>Boise</td><td>ID</td><td>83706</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>	CEO, President	Kevin Kennedy	960 Broadway STE 505	Boise	ID	83706
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
CEO, President	Kevin Kennedy	960 Broadway STE 505	Boise	ID	83706									
5. SIGNATURE OF CURRENT RA		6. <table><tr><td>Signature</td><td><u><i>Kevin Kennedy</i></u></td><td>Date</td><td><u><i>09/29/97</i></u></td></tr><tr><td>Name (Typed or Printed)</td><td><u><i>Kevin Kennedy</i></u></td><td>Title</td><td><u><i>CEO</i></u></td></tr></table>	Signature	<u><i>Kevin Kennedy</i></u>	Date	<u><i>09/29/97</i></u>	Name (Typed or Printed)	<u><i>Kevin Kennedy</i></u>	Title	<u><i>CEO</i></u>				
Signature	<u><i>Kevin Kennedy</i></u>	Date	<u><i>09/29/97</i></u>											
Name (Typed or Printed)	<u><i>Kevin Kennedy</i></u>	Title	<u><i>CEO</i></u>											

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

2798