

No. W 17473		Due no later than Dec 31, 2017		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. MEDICAL RECOVERY SERVICES, LLC. PO BOX 51178 IDAHO FALLS ID 83405		BRYAN N ZOLLINGER 414 SHOUP AVE IDAHO FALLS ID 83402			
				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	TAYLOR THOMAS LUGO	4183 ROCKY RIDGE ROAD	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 17473		Signature: Taylor T. Lugo				Date: 11/03/2017	
		Name (type or print): Taylor T. Lugo				Title: Manager	
Processed 11/03/2017		* Electronically provided signatures are accepted as original signatures.					