

| No. C 137582 | | Due no later than Feb 29, 2016 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. MEDICAL BILLING SPECIALISTS INC. CARMEN JACOBSEN 3355 N FIVE MILE #307 BOISE ID 83713 | | CARMEN JACOBSEN 10457 W EDNA BOISE ID 83704 | | | |
| | | | | | | 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 | |
| TREASURER | JOHN MARSH | 3355 N FIVE MI RD #307 | BOISE | ID | USA | 83713 | |
| SECRETARY | CATHY BUSTER | 3355 N FIVE MILE RD #307 | BOISE | ID | USA | 83713 | |
| DIRECTOR | JAMES A JACOBSEN JR | 3355 N FIVE MILE RD #307 | BOISE | ID | USA | 83713 | |
| PRESIDENT | CARMEN E JACOBSEN | 3355 N FIVE MILE RD #307 | BOISE | ID | USA | 83713 | |
| 5. Organized Under the Laws of: ID C 137582 | | 6. Annual Report must be signed.* Signature: Carmen Jacobsen Name (type or print): Carmen Jacobsen | | | | | |
| | | Date: 02/26/2016 Title: President | | | | | |
| Processed 02/26/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |