No. <b>C 68674</b>		Due no later than Dec 31, 2015		2. Registered	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		Annual Report Form		1.45 00\(50	JIM TROUNSON 145 DOVER LN BOISE ID 83705  3. New Registered Agent Signature:*			
		1. Mailing Address: Correct in this box if needed.  MEDICAL MANAGEMENT, INC.  JIM TROUNSON PO BOX 5328 BOISE ID 83705		BOISE ID				
4. Corporations: Enter	r Names and Busin	ess Addresses	of President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JIM TROUNS	SON	PO BOX 5328	BOISE	ID	USA	83705	
DIRECTOR	TED EPPERL	.Y	PO BOX 5328	BOISE	ID	USA	83705	
SECRETARY	PAT HERMA	NSON	PO BOX 5328	BOISE	ID	USA	83705	
DIRECTOR	PETER BERG	GER	PO BOX 5328	BOISE	ID	USA	83705	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 68674		Signature: Molly Ramsay		Date: 12/11/201	Date: 12/11/2015			
		Name (type or print): Molly Ramsay		Title: Corporate	Title: Corporate Operations Director			
Processed 12/11/2015	5	* Electronically	provided signatures are accepted as original	al signatures.				