

|  |                  |  |       |   |         |                  |  |
|--|------------------|--|-------|---|---------|------------------|--|
| No. <b>C 161253</b>  |                  | <b>Due no later than Jun 30, 2010</b>  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br>MARTINEZ MANAGEMENT SERVICES, INC.<br>JORGE A MARTINEZ<br>1615 12TH AVE RD STE B<br>NAMPA ID 83686<br>USA |       | JORGE A MARTINEZ<br>4847 N SKYLINE DR<br>EAGLE ID 83616 |         |                  |  |
|  |                  |  |       | 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      |  |
| PRESIDENT  | JORGE A MARTINEZ | 1615 12TH AVE RD, STE B  | NAMPA | ID  | USA     | 83686            |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*  |       |   |         |                  |  |
| <b>ID<br/>C 161253</b>   |                  | Signature: Jorge A. Martinez, MD   |       |   |         | Date: 07/08/2010 |  |
|  |                  | Name (type or print): Jorge A. Martinez, MD  |       |   |         | Title: President |  |
| Processed 07/08/2010   |                  | * Electronically provided signatures are accepted as original signatures.  |       |   |         |                  |  |