

No. <b>W 114314</b>		<b>Due no later than May 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  WOLFER MEDICAL, LLC 1101 S OWYHEE ST BOISE ID 83705		JEFF PERRINS 1101 S OWYHEE ST BOISE ID 83705			
				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	JEFF PERRINS	1101 S. OWYHEE ST.	BOISE	ID	USA	83705	
5. Organized Under the Laws of:  <b>ID W 114314</b>		6. Annual Report must be signed.* Signature: Jeff Perrins Name (type or print): Jeff Perrins					
		Date: 06/01/2015 Title: Manager					
Processed 06/01/2015		* Electronically provided signatures are accepted as original signatures.					