No. **W 33879**	**Due no later than Oct 31, 2015**	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. Mailing Address: Correct in this box if needed.** MEDICAL CONCEPTS L.L.C. KELLEY HEMENWAY 4090 W STATE ST STE 1 BOISE ID 83703 USA	KELLEY M HEMENWAY 558 W COLCHESTER DR EAGLE ID 83616 3. New 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
MEMBER	KELLY HEMENWAY	558 W COLCHESTER DR	EAGLE	ID		83616
MEMBER	CARISSA HEMENWAY	558 W COLCHESTER DR	EAGLE	ID		83616
MEMBER	CARISSA HEMENWAY	558 W COLCHESTER DR	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 33879**	Signature: carissa hemenway	Date: 08/17/2015
	Name (type or print): carissa hemenway	Title: member

Processed 08/17/2015

* Electronically provided signatures are accepted as original signatures.