

No. W 90321		Due no later than Feb 28, 2018		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. A.M. MEDICAL, LLC ADAM T MARLETT 4188 N STAR VISTA EAGLE ID 83616		ADAM MARLETT 4188 N STAR VISTA EAGLE ID 83616			
				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	
MEMBER	ADAM T MARLETT	4188 N STAR VISTA	EAGLE	ID	USA	83616	
MEMBER	DARCELLE R SANDER	4188 N STAR VISTA	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID W 90321		6. Annual Report must be signed.* Signature: Adam Marlett Name (type or print): Adam Marlett Date: 03/23/2018 Title: Principal					
Processed 03/23/2018		* Electronically provided signatures are accepted as original signatures.					