No. **W 21678**	**Due no later than Dec 31, 2014** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** LUNDY'S MEDICAL BILLING SERVIC, LLC. CHERYL LUNDY 5066 BARNARD LN FRUITLAND ID 83619	CHERYL LUNDY 5066 BARNARD LN FRUITLAND 83619 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
MANAGER	CHERYL LUNDY	5066 BARNARD LN	FRUITLAND	ID		83619
MANAGER	SAMUEL LUNDY	5066 BARNARD LN	FRUITLAND	ID		83619
MANAGER	JOYCE INGALLS	5066 BARNAD LN	FRUITLAND	ID	USA	83619

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 21678**	Signature: Cheryl Lundy	Date: 10/22/2014
	Name (type or print): Cheryl Lundy	Title: Owner

Processed 10/22/2014

* Electronically provided signatures are accepted as original signatures.