

No. <b>W 115313</b>	<b>Due no later than Jul 31, 2018</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  MEDLINK, LLC ANNABEL LOUISE ZIMMERMAN 711 DUNDEE DR POST FALLS ID 83854		ANNABEL LOUISE ZIMMERMAN 711 DUNDEE DR POST FALLS ID 83854				
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held  MANAGER	Name  ANNABEL LOUISE ZIMMERMAN	Street or PO Address  711 DUNDEE DR	City  POST FALLS	State  ID	Country  USA	Postal Code  83854	
5. Organized Under the Laws of:  <b>ID</b> <b>W 115313</b>	6. Annual Report must be signed.*  Signature: Annabel Zimmerman Name (type or print): Annabel Zimmerman						Date: 05/21/2018  Title: Managing Member
Processed 05/21/2018	* Electronically provided signatures are accepted as original signatures.						