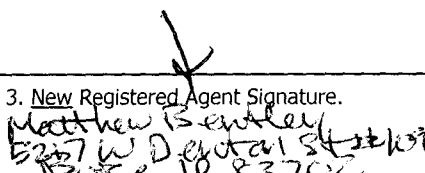
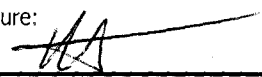


| No. W 155025 | Due no later than Aug 31, 2016 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) MATTHEW BENTLEY 425 S WALNUT ST BOISE ID 83712 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|--|----------------------|------|-------|---------|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. BENTLEY MEDICAL SERVICES, LLC 1775 W STATE ST #287 BOISE ID 83702 | | 3. <u>New</u> Registered Agent Signature.  BOISE ID 83702 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table> | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"> Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> </td> <td colspan="6" style="padding-left: 20px;"> Matthew Bentley 1775 W State St #287 Boise ID US 83702 </td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </table> | | | | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Matthew Bentley 1775 W State St #287 Boise ID US 83702 | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Matthew Bentley 1775 W State St #287 Boise ID US 83702 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 155025 </div> | | 6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): _____ </div> <div style="width: 35%;"> Date: <u>8/31/16</u> Title: _____ </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |