

No. W 116051	Due no later than Jul 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.		WAYNE MEULEMAN 755 W FRONT ST STE 200 BOISE ID 83702			
	BOISE MEDICAL, LLC JEROME FISCHER 3295 TRIANGLE DR STE 200 SALEM OR 97302		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	BONNIE R ANDERSON	264 LANCASTER DR NE	SALEM	OR	USA	97301
5. Organized Under the Laws of: ID W 116051		6. Annual Report must be signed.* Signature: Bonnie Anderson Name (type or print): Bonnie Anderson		Date: 05/19/2014 Title: Member		
Processed 05/19/2014		* Electronically provided signatures are accepted as original signatures.				