No. W 84682		Due no later than Jun 30, 2012		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. BIG BEAR MEDICAL, LLC AARON D MORLOCK 3519 18TH ST LEWISTON ID 83501		1423 TYRELL BOISE ID 8 USA	NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		mos and Addresse	os of at least one Member or Manager					
Office Held		nes and Addresse	es of at least one Member or Manager. Street or PO Address	Ciby	Ctata	Country	Postal Code	
	Name	N 001/		City	State	Country		
MEMBER	AARON MOF	RLOCK	3519 18TH STREET	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 84682		Signature: Aa		Date: 06/07/2012				
		Name (type o	r print): Aaron Morlock		Title: Member			
Processed 06/07/2012 * Electronically provided signatures are accepted as original signatures.								