No. W 83351	Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016	2. Registered Agent and Office **(NOT A P.O. BOX)** MARK MANSFIELD ~~110 VISTA DR~~ POCATELLO ID 83201 4605 West Buckskin RD
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.** MEDICAL EXPANSION SOLUTIONS, LLC ~~110 VISTA DR~~ 4605 West Buckskin Rd. POCATELLO ID 83201	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

FILED

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☐ Member ☑	THERESA MANSFIELD	4605 WEST BUCKSKIN RD	POCATELLO	ID	USA	83201
Manager ☐ Member ☑	MARK MANSFIELD	4605 WEST BUCKSKIN RD	POCATELLO	ID	USA	83201
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6. Signature:	Date: 4/24/17
IDAHO W 83351	Name (type or print): MARK MANSFIELD	Title: MEMBER

Issued 04/24/2017 by online