

No. W 124157	Due no later than Apr 30, 2016 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. PT MEDICAL, LLC BRIAN T. TUCKER NELSON HALL PARRY TUCKER PO BOX 51630 IDAHO FALLS ID 83405	BRIAN T TUCKER 490 MEMORIAL DR IDAHO FALLS ID 83402				
		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
MANAGER	STEPHEN BIRD	427 SUNTERRA DR.	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID W 124157	6. Annual Report must be signed.* Signature: Brian T. Tucker Name (type or print): Brian T. Tucker Date: 02/23/2016 Title: Attorney					
Processed 02/23/2016		* Electronically provided signatures are accepted as original signatures.				