

No. W 76118		Due no later than Jul 31, 2013 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		1. Mailing Address: Correct in this box if needed. CORE MEDICAL LLC BRIAN LUEKENGA 5511 DIAMOND RIDGE WAY NAMPA ID 83686 USA		BRIAN LUEKENGA 5511 DIAMOND RIDGE WAY NAMPA ID 83686			
NO FILING FEE IF RECEIVED BY DUE DATE				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	BRIAN MICHAEL LUEKENGA	2540 W. LINCOLN AVE	NAMPA	ID	USA	83686	
MEMBER	HOLLY WHITING LUEKENGA	5511 DIAMOND RIDGE WAY	NAMPA	ID	USA	83686	
5. Organized Under the Laws of: ID W 76118		6. Annual Report must be signed.* Signature: Brian Luekenga Name (type or print): Brian Luekenga					
		Date: 05/20/2013 Title: Owner					
Processed 05/20/2013		* Electronically provided signatures are accepted as original signatures.					