

No. <b>W 96024</b>		<b>Due no later than Aug 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  MEDICINE BOW HYDRO, LLC MATTHEW SHAPIRO 1210 W FRANKLIN ST STE. 2 BOISE ID 83702		MATTHEW SHAPIRO 1210 W FRANKLIN ST #2 BOISE ID 83702			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name MATTHEW A SHAPIRO	Street or PO Address 1210 W. FRANKLIN ST. STE. 2		City BOISE	State ID	Country USA	Postal Code 83702
5. Organized Under the Laws of:  <b>ID</b> <b>W 96024</b>		6. Annual Report must be signed.*  Signature: Matthew Shapiro Name (type or print): Matthew Shapiro  Date: 08/09/2013 Title: Member					
Processed 08/09/2013 * Electronically provided signatures are accepted as original signatures.							