No. **W 130424**	**Due no later than Oct 31, 2014** **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.** HALESTORM MEDICAL LLC ED MUNSON 8736 CASTLE RIDGE AVE LAS VEGAS NV 89129	STANLEY R HALES 10053 S MARSH CREEK RD MCCAMMON ID 83250 3. New 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	STANLEY HALES	10053 S MARSH CREEK RD	MCCAMMON	ID	USA	83250

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 130424**	Signature: Ed Munson Name (type or print): Ed Munson	Date: 08/18/2014 Title: Accounting

Processed 08/18/2014

* Electronically provided signatures are accepted as original signatures.