

No. W 83878	Due no later than May 31, 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.		STEVE A WALLACE 3629 EASTGATE DRIVE BOISE ID 83716			
	MEDICAL MARKETING NORTHWEST, LLC STEVE A WALLACE 3629 EASTGATE DRIVE BOISE ID 83716		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	STEVE A WALLACE	3629 EASTGATE DR	BOISE	ID	USA	83651-8365
5. Organized Under the Laws of: ID W 83878		6. Annual Report must be signed.* Signature: Steve A Wallace Name (type or print): Steve A Wallace		Date: 06/21/2016 Title: Owner		
Processed 06/21/2016		* Electronically provided signatures are accepted as original signatures.				