| No. W 11552 | | Due no later than Mar 31, 2014 2. Registered Agent and Address (NO PO BOX) | | | | | PO BOX) | |
|--|-----------------|---|--|---|-----------------------|---------|-------------|--|
| Return to: | | | | | GARN HERRICK | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. | | CONTRACT OF THE PROPERTY OF THE PROPERTY OF | 4215 WILLOW CANYON DR | | | |
| | | TRAVELERS' MEDICAL XPRESS, LLC GARN HERRICK 4215 WILLOW CANYON DR IDAHO FALLS ID 83406 | | IDAHO FALLS ID 83406 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF | | USA | | | | | | |
| RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nar | mes and Address | ses of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | | | 1227 N 900 E | SHELLEY | ID | USA | 83274 | |
| MANAGER | | | 2876 E 664 N | ROBERTS | ID | USA | 83444 | |
| MEMBER LEEANN HERRICK | | RRICK | 4215 WILLOW CANYON DR | AMMON | ID | USA | 83406 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 11552 | | Signature: 0 | Garn Herrick | | Date: 01/30/2014 | | | |
| | | Name (type | or print): Garn Herrick | Title: Manager | | | | |
| Processed 01/30/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |