| No. **W 46779** | **Due no later than Jan 31, 2015** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **Annual Report Form**<br>**1. Mailing Address: Correct in this box if needed.**<br>SAWTOOTH MEDICAL RESEARCH, LLC<br>ANGIE JENKINS<br>2086 PICKET LANE<br>EMMETT ID 83617 | ANGIE JENKINS<br>2086 PICKET LANE<br>EMMETT 83617<br><br>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 | ANGIE JENKINS | 2086 PICKET LANE | EMMETT | ID | | 83617 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 46779** | Signature: angie jenkins<br>Name (type or print): angie jenkins | Date: 11/21/2014<br>Title: member |

Processed 11/21/2014

* Electronically provided signatures are accepted as original signatures.