

No. W 82971		Due no later than Apr 30, 2015 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		1. Mailing Address: Correct in this box if needed. PRAIRIE MEDICAL LLC TINA NEWCOMB 4522 W MORGAN CREEK CT EAGLE ID 83616		TINA NEWCOMB 4522 W MORGAN CREEK CT EAGLE 83616			
NO FILING FEE IF RECEIVED BY DUE DATE				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 TINA NEWCOMB	Street or PO Address 4522 W MORGAN CREEK CT.		City EAGLE	State ID	Country USA	Postal Code 83616
5. Organized Under the Laws of: ID W 82971		6. Annual Report must be signed.* Signature: tina newcomb Name (type or print): tina newcomb Date: 02/17/2015 Title: ceo					
Processed 02/17/2015 * Electronically provided signatures are accepted as original signatures.							