No. **W 89442**	**Due no later than Dec 31, 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** CGS MEDICAL BILLING LLC META M KAESTNER 6787 RIVER RD CLARK FORK ID 83811	META KAESTNER 6787 RIVER RD CLARK FORK ID 83811 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
MANAGER	META M KAESTNER	6787 RIVER RD	CLARK FORK	ID	USA	83811

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 89442**	Signature: Meta Kaestner	Date: 12/14/2015
	Name (type or print): Meta Kaestner	Title: Owner/Manager

Processed 12/14/2015

* Electronically provided signatures are accepted as original signatures.