

|  |            |   |       |   |         |                         |  |
|--|------------|---|-------|---|---------|-------------------------|--|
| No. <b>W 151526</b>  |            | <b>Due no later than May 31, 2017</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>                    |         |                         |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |            | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>LYON MEDICAL, LLC<br>LYON MEDICAL, LLC<br>PO BOX 45179<br>BOISE ID 83711-5179<br>USA |       | ARKOOSH LAW OFFICE PLLC<br>802 W BANNOCK ST STE 900<br>BOISE ID 83702 |         |                         |  |
|  |            |   |       | 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             |  |
| MANAGER  | JULIE LYON | 3752 HIGH GROVE LN  | NAMPA | ID  | USA     | 83687                   |  |
| 5. Organized Under the Laws of:  |            | 6. Annual Report must be signed.*   |       |   |         |                         |  |
| <b>ID<br/>W 151526</b>   |            | Signature: Daniel A. Nevala   |       |   |         | Date: 05/31/2017        |  |
|  |            | Name (type or print): Daniel A. Nevala  |       |   |         | Title: Registered Agent |  |
| Processed 05/31/2017   |            | * Electronically provided signatures are accepted as original signatures.   |       |   |         |                         |  |