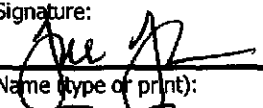


No. <b>W 50556</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/15/2014</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> KEVIN C KOPLIN 1000 RIVERWALK DR #100 IDAHO FALLS ID 83402																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> HIGHLINE MEDICAL SOLUTIONS, LLC TOM THOMSON 7685 BLACKHAWK DR IDAHO FALLS ID 83406		<b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Tom Thomson</td> <td>7685 Blackhawk</td> <td>Idaho Falls</td> <td>Id</td> <td>USA</td> <td>83406</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Tom Thomson	7685 Blackhawk	Idaho Falls	Id	USA	83406	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  IDAHO W 50556		<b>6.</b> Signature:  Name (type or print): <u>Tom Thomson</u> Date: <u>9/16/14</u> Title: <u>Mgr.</u>																																				
Issued 09/16/2014 by online																																						

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM