

No. W 147163	Due no later than Jan 31, 2018 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. BAS BIOMEDICAL SERVICES, LLC MICHAEL PARISH 8128 E SELWAY CT NAMPA ID 83687 USA	MICHAEL PARISH 8128 E SELWAY CT NAMPA ID 83687 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
MEMBER	TESSA COUSINS	5461 N PIERCE PARK LN #102	BOISE	ID	USA	83714
MEMBER	MICHAEL COUSINS	5461 N PIERCE PARK LN #102	BOISE	ID	USA	83714
MEMBER	MICHAEL PARISH	8128 E SELWAY CT	NAMPA	ID	USA	83687
5. Organized Under the Laws of: ID W 147163	6. Annual Report must be signed.* Signature: Michael Parish Name (type or print): Michael Parish		Date: 01/10/2018 Title: President			
Processed 01/10/2018		* Electronically provided signatures are accepted as original signatures.				