No. W 147600	Due no later than Feb 29, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	JULIE SHALEEN JURENKA			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	626 MEADOWVIEW DRIVE SAGLE ID 83860			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TRINITY MEDSCI CONSULTING, LLC JULIE S JURENKA 626 MEADOWVIEW DR	SAGEL ID OSC			
	SAGLE ID 83860	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA				
4. Limited Liability Companies: Enter Na	ames and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MANAGER JULIE S JURENKA 626 MEADOWVIEW DRIVE		SAGLE	ID	USA	83860
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Julie S Jurenka	Date: 02/28/2016			
W 147600	Name (type or print): Julie S Jurenka	Title: President/Manager			
Processed 02/28/2016	* Electronically provided signatures are accepted as original signatures.				