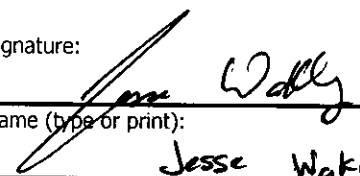


No. <b>W 95791</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/14/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DAVID K PENROD <del>428 POCANO</del> <b>540 MARTHA</b> CHUBBUCK ID 83202
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> MEDPOINT ASSET MANAGEMENT, LLC. DAVID K. PENROD <del>526 TAYLOR LANE</del> <b>540 MARTHA</b> CHUBBUCK ID 83202 USA		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jesse Wakley	512 Taylor	chubbuck ID Bannock 83202
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	David Penrod	540 Martha	chubbuck ID Bannock 83202
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;">             IDAHO              W 95791           </div>		6. Signature: _____ <div style="text-align: center; font-size: 1.2em;">  </div> Date: <u>12/15/13</u> Name (type or print): <u>Jesse Wakley</u> Title: <u>Owner</u>	
Issued 11/19/2013 by SLD			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM