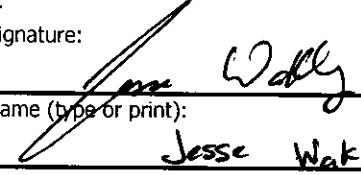


No. W 95791		Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2013		2. Registered Agent and Office (NOT A P.O. BOX) DAVID K PENROD 428 ROCANO 540 MARTHA CHUBBUCK ID 83202	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MEDPOINT ASSET MANAGEMENT, LLC. DAVID K. PENROD 526 TAYLOR LANE 540 MARTHA CHUBBUCK ID 83202 USA		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Name Jesse Wakley		Street or PO Address 512 Taylor	
				City chubuck State ID Country Bannock Postal Code 83202	
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		David Penrod		chubuck 10 Bannock 83202	
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:			6.		
IDAHO W 95791			Signature:  Name (type or print): Jesse Wakley		
			Date: 12/15/13 Title: Owner		
Issued 11/19/2013 by SLD					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM