No. W 68371		Due no later than Nov 30, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. MEDICAL COST SOLUTIONS LLC TERRANCE A KILLILEA 2558 E GREYSTONE CT EAGLE ID 83616		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				2558 E GRE EAGLE ID	STEPHANIE A KILLILEA 2558 E GREYSTONE CT EAGLE ID 83616 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mos and Address	os of at least one Member or Manager					
Office Held	Name	nes and Address	Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	TERRANCE / STEPHANIE		2558 E GREYSTONE CT 2558 E GREYSTONE CT	EAGLE EAGLE	ID ID	,	83616 83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 68371		Signature: Stephanie Killilea Name (type or print): Stephanie Killilea			Date: 10/24/2016 Title: Vice President			
Processed 10/24/2016		* Electronically p	provided signatures are accepted as origina	l signatures.				