

|  |                          |  |            |  |         |             |  |
|--|--------------------------|--|------------|--|---------|-------------|--|
| No. <b>W 115313</b>  |                          | <b>Due no later than Jul 31, 2013</b>  |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>               |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                          | <b>1. Mailing Address: Correct in this box if needed.</b><br>MEDLINK, LLC<br>ANNABEL LOUISE ZIMMERMAN<br>711 DUNDEE DR<br>POST FALLS ID 83854          |            | ANNABEL LOUISE ZIMMERMAN<br>711 DUNDEE DR<br>POST FALLS ID 83854 |         |             |  |
|  |                          |  |            | 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 |  |
| MANAGER  | ANNABEL LOUISE ZIMMERMAN | 711 DUNDEE DR  | POST FALLS | ID   | USA     | 83854       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 115313</b>  |                          | 6. Annual Report must be signed.*<br>Signature: Annabel L Zimmerman<br>Name (type or print): Annabel L Zimmerman<br>Date: 05/17/2013<br>Title: Manager |            |  |         |             |  |
| Processed 05/17/2013   |                          | * Electronically provided signatures are accepted as original signatures.  |            |  |         |             |  |