

No. W 283		Due no later than Apr 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SPECIALTY MEDICAL SERVICES II, LLC KAREN V FRALEY 1023 LINCOLN AVE EMMETT ID 83617		KAREN FRALEY 1023 LINCOLN AVE EMMETT ID 83617			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name KAREN V FRALEY	Street or PO Address 1023 LINCOLN AVE		City EMMETT	State ID	Country USA	Postal Code 83617
5. Organized Under the Laws of: ID W 283		6. Annual Report must be signed.* Signature: Karen V Fraley Name (type or print): Karen V Fraley Date: 05/01/2016 Title: Manager					
Processed 05/01/2016 * Electronically provided signatures are accepted as original signatures.							