

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