No. W 166100		Due no later than May 31, 2018		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KEVIN CALLAHAN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. INNOVATIVE MEDICAL SOLUTIONS LLC KEVIN CALLAHAN 1484 N 1090 E SHELLEY ID 83274			1484 N 1090 E SHELLEY ID 83274 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		STILLET ID GSE71						
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER KEVIN CALLAH		AHAN	1484 N 1090 E		SHELLEY	ID	USA	83274
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: K. Callahan			Date: 04/09/2018			
W 166100		Name (type or print): K. Callahan			Title: Owner			
Processed 04/09/2018 * Electronically provided signatures are accepted as original signatures.								