

No. W 33879	Due no later than Oct 31, 2012 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MEDICAL CONCEPTS L.L.C. KELLEY HEMENWAY 4090 W STATE ST STE 1 BOISE ID 83703 USA		KELLEY M HEMENWAY 558 W COLCHESTER DR EAGLE ID 83616			
			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
MEMBER	KELLY HEMENWAY	558 W. COLCHESTER	EAGLE	ID	USA	83613
MEMBER	CARISSA HEMENWAY	558 W. COLCHESTER	EAGLE	ID	USA	83613
5. Organized Under the Laws of: ID W 33879	6. Annual Report must be signed.* Signature: Kelley Hemenway Name (type or print): Kelley Hemenway		Date: 09/19/2012 Title: Member			
Processed 09/19/2012		* Electronically provided signatures are accepted as original signatures.				