

No. W 25179		Due no later than Jul 31, 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 1. Mailing Address: Correct in this box if needed. IDAHO COMPUTER MEDIC, L.L.C. JASON POVEY 2997 FAIRVIEW LANE AMERICAN FALLS ID 83211		JASON POVEY 2997 FAIRVIEW LANE AMERICAN FALLS ID 83211	
				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	JASON POVEY	2479 POVEY RD	AMERICAN FALLS	ID	83211
5. Organized Under the Laws of: ID W 25179		6. Annual Report must be signed.* Signature: Jason Povey Name (type or print): Jason Povey Date: 08/11/2016 Title: Manager			
Processed 08/11/2016		* Electronically provided signatures are accepted as original signatures.			