

No. W 33879	Due no later than Oct 31, 2018 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 7 BOISE ID 83703		KELLEY M HEMENWAY 4251 E. GOLDSTONE DR MERIDIAN ID 83642			
			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	KELLEY HEMENWAY	4251 E. GOLDSTONE DR.	MERIDIAN	ID		83642
MEMBER	CARISSA HEMENWAY	4251 E. GOLDSTONE DR	MERIDIAN	ID		83642
5. Organized Under the Laws of: ID W 33879		6. Annual Report must be signed.* Signature: Carissa Hemenway Name (type or print): Carissa Hemenway Date: 08/28/2018 Title: Secretary				
Processed 08/28/2018		* Electronically provided signatures are accepted as original signatures.				