

No. W 60146		Due no later than Mar 31, 2017		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 MEDSCRIBE LLC LINDSAY BERTHER 4769 S CORBARI PL BOISE ID 83709		LINDSAY BERTHER 4769 S CORBARI PL BOISE ID 83709	
				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	LINDSAY BERTHER	4769 S CORBARI PL	BOISE	ID	83709
MEMBER	MATTHIAS BERTHER	4769 S CORBARI PL	BOISE	ID	83709
5. Organized Under the Laws of: ID W 60146		6. Annual Report must be signed.* Signature: Matthias Berther Name (type or print): Matthias Berther Date: 01/31/2017 Title: Member			
Processed 01/31/2017		* Electronically provided signatures are accepted as original signatures.			