

<b>No. W 156136</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 12/28/2017</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> RAMSDEN, MARFICE, EALY, HARRIS, LLP 700 NORTHWEST BLVD COEUR D ALENE ID 83814
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> MED, LLC 1625 W. DOLAN RATHDRUM ID 83858		<b>3. <u>New</u> Registered Agent Signature.</b>
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	MARK DUVALL	1625 W DOLAN	RATHDRUM ID KOOTENAI 83817
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ELSA DUVALL	1625 W DOLAN RD	RATHDRUM ID KOOTENAI 83858
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DAW DUVALL	5497 FIRE STREET	COEUR D ALENE ID KOOTENAI 83814
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">             IDAHO              W 156136           </div>		<b>6.</b> Signature: <u>Mark Duvall</u> Date: <u>1/17/18</u> Name (type or print): <u>MARK T DUVALL</u> Title: <u>PRESIDENT</u>	
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