

No. W 153297		Due no later than Jun 30, 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		1. Mailing Address: Correct in this box if needed. MEDICAL PRACTICE SOLUTIONS LLC. JASON ORMOND 560 NATHAN LANE CHUBBUCK ID 83202		JASON E ORMOND 560 NATHAN LANE CHUBBUCK ID 83202			
				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	JASON E ORMOND	560 NATHAN LN.	CHUBBUCK	ID	USA	83202	
5. Organized Under the Laws of: ID W 153297		6. Annual Report must be signed.* Signature: Jason Ormond Name (type or print): Jason Ormond Date: 08/17/2016 Title: CEO					
Processed 08/17/2016		* Electronically provided signatures are accepted as original signatures.					