No. W 132442		Due no later than Dec 31, 2014		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. LYNSKY MEDICAL, LLC ARTHUR LYNCH 8048 N PENNSYLVANIA AVE FRUITLAND ID 83619		8048 N PENN	ARTHUR LYNCH 8048 N PENNSYLVANIA AVE FRUITLAND 83619			
				3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
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	MANAGER ARTHUR A LY		8048 N. PENNSYLVANIA AVE.	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Arthur Lynch		Date: 12/29/2014				
W 132442		Name (type or	Title: President					
Processed 12/29/2014	ovided signatures are accepted as original s	ignatures.						