

No. W 160721		Due no later than Jan 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. MEDPLAZA HAYDEN, LLC KENT D HULL 10235 N STRAHORN RD HAYDEN ID 83835-7562		KENT D HULL 10235 N STRAHORN RD HAYDEN ID 83835-7562	
				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
MANAGER	KENT DEE HULL	10235 N STRAHORN	HAYDEN LAKE	ID	USA 83835-7562
5. Organized Under the Laws of: ID W 160721		6. Annual Report must be signed.* Signature: Kent D. Hull Name (type or print): Kent D. Hull Date: 12/13/2016 Title: Managing Partner			
Processed 12/13/2016		* Electronically provided signatures are accepted as original signatures.			