

No. W 77040	Due no later than Aug 31, 2017 Annual Report Form		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. MEDFORU LLC INA TRIPLETT 2439 E GLOUCESTER ST BOISE ID 83706		INA TRIPLETT 2439 E GLOUCESTER ST BOISE ID 83706			
			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	INA V TRIPLETT	2439 E GLOUCESTER ST	BOISE	ID	USA	83706
5. Organized Under the Laws of: ID W 77040	6. Annual Report must be signed.* Signature: Ina Triplett Name (type or print): Ina Triplett		Date: 07/12/2017 Title: Manager			
Processed 07/12/2017		* Electronically provided signatures are accepted as original signatures.				