No. **W 10639**	**Due no later than Dec 31, 2014** **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.** SEASONS MEDICAL, LLC GEOFF SCHWIERMANN 37 SOUTH 2ND EAST REXBURG ID 83440	GEOFF SCHWIERMANN 37 SOUHT 2ND EAST REXBURG 83440 3. New 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	BOARD OF TRUSTEES OF MADISON MEMORIAL HOSPITAL	450 E. MAIN	REXBURG	ID	USA	83440

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 10639**	Signature: Holly Miller	Date: 12/26/2014
	Name (type or print): Holly Miller	Title: Bookkeeper

Processed 12/26/2014

* Electronically provided signatures are accepted as original signatures.