

No. W 68371		Due no later than Nov 30, 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. MEDICAL COST SOLUTIONS LLC TERRANCE A KILLILEA 12250 NORTH UPPER RIDGE PLACE BOISE ID 83714		STEPHANIE A KILLILEA 12250 NORTH UPPER RIDGE PLACE BOISE ID 83714	
				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	TERRANCE A KILLILEA	12250 NORTH UPPER RIDGE PLACE	BOISE	ID	83714
MEMBER	STEPHANIE A KILLILEA	12250 NORTH UPPER RIDGE PLACE	BOISE	ID	83714
5. Organized Under the Laws of: ID W 68371		6. Annual Report must be signed.* Signature: Stephanie Killilea Name (type or print): Stephanie Killilea Date: 09/21/2017 Title: Vice President			
Processed 09/21/2017		* Electronically provided signatures are accepted as original signatures.			