

No. W 65540		Due no later than Aug 31, 2015		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. NORTHWEST MEDICAL BILLING & MANAGEMENT LLC TRACI L CASON 2893 S DENALI WAY MERIDIAN ID 83642 USA		TRACI LYNN CASON 2893 S DENALI WAY MERIDIAN ID 83642	
				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	TRACI LYNN CASON	2893 S DENALI WAY	MERIDIAN	ID	83642
MEMBER	EDWARD LEE CASON	2893 S DENALI WAY	MERIDIAN	ID	83642
5. Organized Under the Laws of: ID W 65540		6. Annual Report must be signed.* Signature: TRACI CASON Name (type or print): TRACI CASON Date: 06/23/2015 Title: MEMBER			
Processed 06/23/2015		* Electronically provided signatures are accepted as original signatures.			