

No. W 27872		Due no later than Jan 31, 2016 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		1. Mailing Address: Correct in this box if needed. MED PROP, LLC SAMUEL JORGENSON MD 360 E MONTVUE MERIDIAN ID 83642		SAMUEL JORGENSON MD 360 E MONTVUE MERIDIAN ID 83642			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SAMUEL JORGENSON MD	Street or PO Address 360 E MONTVUE		City MERIDIAN	State ID	Country	Postal Code 83642
5. Organized Under the Laws of: ID W 27872		6. Annual Report must be signed.* Signature: S JORGENSON Name (type or print): S JORGENSON Date: 02/19/2016 Title: MANAGER					
Processed 02/19/2016 * Electronically provided signatures are accepted as original signatures.							