

No. W 27872		Due no later than Jan 31, 2016		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. MED PROP, LLC SAMUEL JORGENSON MD 360 E MONTVUE MERIDIAN ID 83642		SAMUEL JORGENSON MD 360 E MONTVUE 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
MANAGER	SAMUEL JORGENSON MD	360 E MONTVUE	MERIDIAN	ID	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.			