

No. <b>W 283</b>	<b>Due no later than Apr 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		KAREN FRALEY 1023 LINCOLN AVE EMMETT ID 83617			
	SPECIALTY MEDICAL SERVICES II, LLC KAREN V FRALEY 1023 LINCOLN AVE EMMETT ID 83617		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	KAREN V FRALEY	1023 LINCOLN AVE	EMMETT	ID	USA	83617
5. Organized Under the Laws of:  <b>ID</b> <b>W 283</b>		6. Annual Report must be signed.* Signature: Karen V. Fraley Name (type or print): Karen V. Fraley		Date: 02/24/2014 Title: Manager		
Processed 02/24/2014		* Electronically provided signatures are accepted as original signatures.				