208-334-2080

No. W 92508	Reinstatement Annual Report Form ADMIN DISSOLVED 07/11/2012	2. Registered Agent and Office (NOT A P.O. BOX) JASON L MATHESON 1453 W. BERING DR COEUR D'ALENE ID 83815
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. VITALINK MEDICAL LLC JASON L MATHESON 1453 W. BERING DR COEUR D'ALENE ID 83815	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☑ Member ☐	Jason Matheson	1453 W. Bering DR	Coeur d'Alene	ID		83815
Manager ☐ Member ☑	Bryan Searle	538 E. 1250 N.	Shelley	ID		83274
Manager ☐ Member ☑	Scott Searle	538 E. 1250 N.	Shelley	ID		83274
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO W 92508	Name (type or print): Jason Matheson	Title: Manager

Issued 07/12/2012 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM