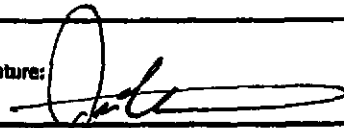


208-374-2080

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 Seale	538 E. 1250 N.	Shelley	ID 83274
Manager ☐ Member ☒		Scott Seale	538 E. 1250 N.	Shelley	ID 83274
Manager ☐ Member ☐					
5. Organized Under the Laws of: IDAHO W 92508		6. Signature:  Name (type or print): Jason Matheson Date: 7/12 Title: Manager			

Issued 07/12/2012 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM