

No. W 62090		Due no later than Apr 30, 2017		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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. WOOD MEDICAL, LLC MATTHEW J WOOD 3080 NE SUNBURST AVE HILLSBORO OR 97124 USA		MATTHEW JOSEPH WOOD 1818 W. DEEP CREEK WAY NAMPA ID 83686					
				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	MATTHEW JOSEPH WOOD	3080 NE SUNBURST AVE	HILLSBORO	OR	USA	97124-1684			
5. Organized Under the Laws of: ID W 62090		6. Annual Report must be signed.* Signature: Matthew J Wood Name (type or print): Matthew J Wood Date: 03/09/2016 Title: Manager							
Processed 03/09/2016		* Electronically provided signatures are accepted as original signatures.							