

No. W 116770	Due no later than Aug 31, 2015 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. JENKINS MEDICAL SERVICES, PLLC RONALD JENKINS 471 RAVENWOOD DR SANDPOINT ID 83864 USA		RONALD D JENKINS MD 471 RAVENWOOD DR SANDPOINT ID 83864			
			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	RONALD JENKINS	471 RAVENWOOD DR	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of: ID W 116770	6. Annual Report must be signed.* Signature: Ronald Jenkins Name (type or print): Ronald Jenkins		Date: 06/22/2015 Title: Manager			
Processed 06/22/2015		* Electronically provided signatures are accepted as original signatures.				