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|--|-----------------|---|-----------|---|---------|-------------|--|
| No. W 134347 | | Due no later than May 31, 2015 | | 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. M. NELSEN MD, PLLC MIHOKO NELSEN MD 9590 FOOTHILL RD MIDDLETON ID 83464 | | MIHOKO NELSEN MD 22902 BLESSINGER RD STAR ID 83669-8364 | | | |
| | | | | 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 | |
| MEMBER | MIHOKO M NELSEN | 9590 FOOTHILL ROAD | MIDDLETON | ID | USA | 83644 | |
| 5. Organized Under the Laws of: ID W 134347 | | 6. Annual Report must be signed.* Signature: M Nelsen Name (type or print): M Nelsen Date: 07/31/2015 Title: Owner | | | | | |
| Processed 07/31/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |