No. <b>W 117822</b>			Due no later than Oct 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:			Annual Report Form		JOHNNY URRUTIA  18 N RIDGE WAY JEROME ID 83338  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		JMU MEDICA	1. Mailing Address: Correct in this box if needed.  JMU MEDICAL SERVICES, LLC 1096 N EASTLAND DR STE 200 TWIN FALLS ID 83301					
		TWIN FALLS						
4. Limited Liability Co	ompanies: Enter	Names and Addres	ses of at least one Member or Manager.	'				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	JOHNNY	URRUTIA	18 N RIDGE WAY	JEROME	ID	USA	83338	
5. Organized Under the Laws of:		6. Annual Rep	6. Annual Report must be signed.*					
ID		Signature: I	Signature: Bethany Griggs		Date: 08/29/2018			
W 117822		Name (type	Name (type or print): Bethany Griggs		Title: Bookkeeper			
Processed 08/29/20	18	* Electronically	provided signatures are accepted as original	nal signatures.				