No. C 166443		Due no later than Apr 30, 2018	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. DYLAMED INC. JAMES A CASE 1649 SUNNY PINE WAY IDAHO FALLS ID 83404-8255	JAMES A CASE 1649 SUNNY PINE WY IDAHO FALLS ID 83404-8255 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses of President, Secretary, and Directors. Treasurer				
Office Held Nar		Street or PO Address	City	State	Country	Postal Code
	MES A CA DA L CAS		IDAHO FALLS IDAHO FALLS	ID ID	USA USA	83404-8255 83404-8255
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
DE		Signature: James A. Case	Date: 05/23/2018			
C 166443		Name (type or print): James A. Case	Title: VP			
Processed 05/23/2018	* Electronically provided signatures are accepted as original signatures.					