

No. W 54791		Due no later than Sep 30, 2014 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		1. Mailing Address: Correct in this box if needed. STREAMSIDE MEDICAL, LLC PETER ANGLETON 915 WARM SPRINGS AVE BOISE ID 83712 USA		PETER ANGLETON MD 915 WARM SPRINGS AVE BOISE ID 83712			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name PETER ANGLETON MD	Street or PO Address 915 WARM SPRINGS AVE		City BOISE	State ID	Country USA	Postal Code 83712
5. Organized Under the Laws of: ID W 54791		6. Annual Report must be signed.* Signature: Peter Angleton Name (type or print): Peter Angleton Date: 07/15/2014 Title: Owner					
Processed 07/15/2014 * Electronically provided signatures are accepted as original signatures.							