

No. W 54791		Due no later than Sep 30, 2014		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. STREAMSIDE MEDICAL, LLC PETER ANGLETON 915 WARM SPRINGS AVE BOISE ID 83712 USA		PETER ANGLETON MD 915 WARM SPRINGS AVE BOISE ID 83712			
				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	PETER ANGLETON MD	915 WARM SPRINGS AVE	BOISE	ID	USA	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.					