INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-04-1995

No. 242

Idaho Limited Liability Company Annual Report Form

Due No Later Than November 30, 1995

Return To:

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address -- *Please Correct If Not Correct*

THRESHOLD MEDICAL, LIMITED COMP
BILL CURTIS
6465 AUTUMNWOOD

BOISE ID 83703

2. Registered Agent and Office NOT A P.O. BOX

BILL CURTIS
6465 AUTUMNWOOD

BOISE ID 83703

3. Organized Under The Laws of

ID
NO: 242

4. Names and Addresses of ☐ Managers or ☒ Members (check one) MUST BE PRINTED OR TYPED

Name	Street or P.O. Address	City	State	Zip
Bill Curtis	6465 W. Autumnwood	Boise	Idaho	83703
Shelley Curtis	6465 W. Autumnwood	Boise	Idaho	83703

5. Signature of the Current Registered Agent (if changed in block 2)

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature [signature] Date 10-21-95

Name (Typed or Printed) Shelley Curtis