

No. W 62712		Due no later than May 31, 2017 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. IDAHO MEDICAL COMPLIANCE LLC CHARLES N JONES 1601 E OAKBORO COURT NAMPA ID 83686		CHARLES N JONES 1601 E OAKBORO COURT NAMPA ID 83686		
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 MEMBER	Name CHARLES N JONES	Street or PO Address 1601 E OAKBORO COURT	City NAMPA	State ID	Country	Postal Code 83686
5. Organized Under the Laws of: ID W 62712		6. Annual Report must be signed.* Signature: Charles N Jones Name (type or print): Charles N Jones Date: 05/27/2017 Title: Member				
Processed 05/27/2017 * Electronically provided signatures are accepted as original signatures.						