

No. W 108198		Due no later than Nov 30, 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. CATHERINE M. STEWART, MEDICAL TRANSCRIPTIONIST, LLC CATHERINE M. STEWART 25818 CLASSIC DRIVE ATHOL ID 83801 USA		CATHERINE M. STEWART 25818 CLASSIC DRIVE ATHOL ID 83801			
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 CATHERINE M. STEWART	Street or PO Address 25818 CLASSIC DRIVE		City ATHOL	State ID	Country USA	Postal Code 83801
5. Organized Under the Laws of: ID W 108198		6. Annual Report must be signed.* Signature: Catherine Stewart Name (type or print): Catherine Stewart Date: 10/21/2017 Title: Transcriptionist					
Processed 10/21/2017 * Electronically provided signatures are accepted as original signatures.							