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| No. W 108198 | | Due no later than Nov 30, 2017 | | 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. 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 | | | |
| | | | | 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 | CATHERINE M STEWART | 25818 CLASSIC DRIVE | ATHOL | ID | USA | 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. | | | | | |