

No. W 99933	Due no later than Jan 31, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. WIGGIN MEDICAL BILLING SERVICES LLC SUZANNE WIGGIN 6206 EDGEWATER DR BOISE ID 83709-1031 USA		SUZANNE WIGGIN 6206 EDGEWATER DR BOISE 83709-1031			
			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	BILLY L WIGGIN	6206 EDGEWATER DR	BOISE	ID	USA	83709-1031
5. Organized Under the Laws of: ID W 99933		6. Annual Report must be signed.* Signature: Suzanne Wiggin Name (type or print): Suzanne Wiggin		Date: 01/28/2015 Title: Owner		
Processed 01/28/2015		* Electronically provided signatures are accepted as original signatures.				