

No. W 143060		Due no later than Oct 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		1. Mailing Address: Correct in this box if needed. BOSTON MEDICAL, LLC PO BOX 7 REXBURG ID 83440		DAVID JOHNSON 288 NEZ PERCE AVE REXBURG ID 83440			
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	Name	Street or PO Address		City	State	Country	Postal Code
MEMBER	DAVID NOEL JOHNSON	288 NEZ PERCE AVE		REXBURG	ID	USA	83440
5. Organized Under the Laws of: ID W 143060		6. Annual Report must be signed.* Signature: David Johnson Name (type or print): David Johnson Date: 08/19/2015 Title: Manager					
Processed 08/19/2015 * Electronically provided signatures are accepted as original signatures.							