

No. <b>W 83878</b>		<b>Due no later than May 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  MEDICAL MARKETING NORTHWEST, LLC STEVE A WALLACE 3629 EASTGATE DRIVE BOISE ID 83716		STEVE A WALLACE 3629 EASTGATE DRIVE BOISE ID 83716			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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 STEVE A WALLACE	Street or PO Address 3629 EASTGATE DR		City BOISE	State ID	Country USA	Postal Code 83651-8365
5. Organized Under the Laws of:  <b>ID</b> <b>W 83878</b>		6. Annual Report must be signed.*  Signature: Steve Wallace Name (type or print): Steve Wallace  Date: 03/28/2017 Title: Owner					
Processed 03/28/2017      * Electronically provided signatures are accepted as original signatures.							