

| | | | | | | | |
|--|---------------|---|----------|---|---------|---------------------------|--|
| No. W 45869 | | Due no later than Dec 31, 2014 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MEDICAL CONSULTING SERVICES PLLC JOHN CASPER 4915 W ASTONTE ST MERIDIAN ID 83646-7101 USA | | JOHN B CASPER 4915 W ASTONTE ST MERIDIAN 83646-7101 | | | |
| | | | | 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 | JOHN B CASPER | 4915 W ASTONTE ST | MERIDIAN | ID | USA | 83646-7101 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 45869 | | Signature: John B Casper | | | | Date: 10/14/2014 | |
| | | Name (type or print): John B Casper | | | | Title: Executive Director | |
| Processed 10/14/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |