

No. W 62712	Due no later than May 31, 2014 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. IDAHO MEDICAL COMPLIANCE LLC CHARLES N JONES 1601 E OAKBORO COURT NAMPA ID 83686	CHARLES N JONES 1601 E OAKBORO COURT NAMPA ID 83686	
		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	CHARLES N JONES	1601 E OAKBORO COURT	NAMPA ID USA 83686
5. Organized Under the Laws of: ID W 62712	6. Annual Report must be signed.* Signature: Charles N. jones Name (type or print): Charles N. jones		Date: 05/16/2014 Title: Member
Processed 05/16/2014		* Electronically provided signatures are accepted as original signatures.	