

No. W 38864		Due no later than Apr 30, 2018		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. ESPLIN MEDICAL INVENTIONS, L.L.C. VERMON S ESPLIN 12640 PREAKNESS CIRCLE CHUBBUCK ID 83202		VERMON S ESPLIN 12640 PREAKNESS CIRCLE CHUBBUCK ID 83202			
				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	VERMON S ESPLIN	12640 PREAKNESS CIRCLE	CHUBBUCK	ID		83202	
MEMBER	ANTHONY LYLE ESPLIN	150 SOUTH 300 EAST APT 408	SALT LAKE CITY	UT	USA	84111	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 38864		Signature: Vernon Esplin				Date: 03/05/2018	
		Name (type or print): Vernon Esplin				Title: manager	
Processed 03/05/2018		* Electronically provided signatures are accepted as original signatures.					