

No. <b>W 145642</b>		Due no later than Dec 31, 2015		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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  THALFREE MEDICAL, LLC 5200 N ARROW CREST WAY BOISE ID 83703		DECLAN P O'RIORDAN 5200 N ARROW CREST WAY BOISE ID 83703-8370			
				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	DECLAN P O'RIORDAN	PO BOX 2031	BOISE	ID	USA	83701	
5. Organized Under the Laws of:  <b>ID W 145642</b>		6. Annual Report must be signed.* Signature: Declan O'Riordan Name (type or print): Declan O'Riordan			Date: 10/29/2015 Title: Member		
Processed 10/29/2015		* Electronically provided signatures are accepted as original signatures.					