

No. <b>W 84682</b>		<b>Due no later than Jun 30, 2015</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>  BIG BEAR MEDICAL, LLC AARON D MORLOCK 3519 18TH ST LEWISTON ID 83501 USA		ALL DAY \$49 IDAHO REGISTERED A 1900 NORTHWEST BLVD STE 106A COEUR D ALENE ID 83814			
<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 AARON MORLOCK	Street or PO Address 3519 18TH STREET		City LEWISTON	State ID	Country USA	Postal Code 83501
5. Organized Under the Laws of:  <b>ID</b> <b>W 84682</b>		6. Annual Report must be signed.*  Signature: Aaron Morlock Name (type or print): Aaron Morlock  Date: 04/21/2015 Title: Member					
Processed 04/21/2015 * Electronically provided signatures are accepted as original signatures.							