

9/2/2016

W 151443

No. <b>W 151443</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 08/31/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JOY NATHAN GLENN ROBERTS 1357 S 4000 W REXBURG ID 83440 4384 E 278 N Rigby, ID 83442																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> SURVIVAL MEDICAL, LLC JOY NATHAN GLENN ROBERTS 237 N 2ND E STE 102 REXBURG ID 83440 4083 E 600 N Rigby, ID 83442		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Megan Roberts</td> <td>4384 E 278 N</td> <td>Rigby, ID</td> <td>USA</td> <td></td> <td>83442</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Megan Roberts	4384 E 278 N	Rigby, ID	USA		83442	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 151443</b>	6. Signature: _____ Name (type or print): Megan Roberts  Date: 9-2-16 Title: Treasurer																																					
Issued 09/02/2016 by online																																						