No. W 155294		Due no later than Aug 31, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form		FRANK LOUIS FIASCHETTI MD				
		1. Mailing Address: Correct in this box if needed. MEDICAL ANALYTICS LIMITED LIABILITY COMPANY FRANK L LOUIS FIASCHETTI PO 3069 KETCHUM ID 83340 USA			11 HANGER RD. KETCHUM ID 83340 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: E	nter Nai	mes and Addresses of	at least one Member or Manager.					
Office Held Name	2		Street or PO Address		City	State	Country	Postal Code
MEMBER FRAN	KL LO	UIS FIASCHETTI	PO BOX 3069		KETCHUM	ID	USA	83340
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Frank Fiaschetti			Date: 07/31/2017			
W 155294		Name (type or print): Frank Fiaschetti			Title: president			
Processed 07/31/2017		* Electronically provided signatures are accepted as original signatures.						