No. <b>W 143060</b> Return to:		Due no later than Oct 31, 2016 Annual Report Form			Registered Agent and Address (NO PO BOX)     DAVID JOHNSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  BOSTON MEDICAL, LLC DAVID N JOHNSON PO BOX 7 REXBURG ID 83440		REXBURG II	288 NEZ PERCE AVE REXBURG ID 83440  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE			- 6-blank and Markey and Markey					
700		mes and Addresses	s of at least one Member or Manager.	Cit.	Ct-t-	C	Destal Cada	
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	DAVID NOEL	JOHNSON	288 NEZ PERCE AVE	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: David Johnson			Date: 12/02/2016			
W 143060		Name (type or print): David Johnson			Title: Manager			
Processed 12/02/2016 * Electronically provided signatures are accepted as original signatures.								