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|--|----------------|--|---------|--|---------|-------------|--|
| No. W 107263 | | Due no later than Oct 31, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. MEDSTONE REVENUE MANAGEMENT LLC BRANDI GLEASON 5449 S 1600 W PRESTON ID 83263 USA | | BRANDI GLEASON 5449 S 1600 W PRESTON 83263 | | | |
| | | | | 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 | |
| MANAGER | BRANDI GLEASON | 5449 S 1600 W | PRESTON | ID | USA | 83263 | |
| 5. Organized Under the Laws of: ID W 107263 | | 6. Annual Report must be signed.* Signature: Brandi Gleason Name (type or print): Brandi Gleason | | | | | |
| | | Date: 10/07/2014 Title: Manager | | | | | |
| Processed 10/07/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |