




No. <b>W 155489</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/03/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> VON MCCLURE 5240 N CHIMNEY PEAK AVE MERIDIAN ID 83646
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> MV MEDICAL LLC 5240 N CHIMNEY PEAK AVE MERIDIAN ID 83646		3. <u>New</u> Registered Agent Signature.
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.
 

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	MILKE TANNER	5952 N KEATON AVE	MERIDIAN	ID	83646	ADA
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	VonMcClure	5240 N Chimney Peak	Meridian	ID	USA	83646
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;">             IDAHO              W 155489           </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>5/1/17</u> </td> </tr> <tr> <td>           Name (type or print): <u>Von McClure</u> </td> <td>           Title: <u>Manager</u> </td> </tr> </table>	Signature: 	Date: <u>5/1/17</u>	Name (type or print): <u>Von McClure</u>	Title: <u>Manager</u>
Signature: 	Date: <u>5/1/17</u>				
Name (type or print): <u>Von McClure</u>	Title: <u>Manager</u>				

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM