

No. W 83632		Due no later than May 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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MED LOAN, LLC DAVID L CHAPMAN PO BOX 7100 COEUR D ALENE ID 83814		MICHAEL R CHAPMAN 402 W CANFIELD AVE STE 2 COEUR D ALENE ID 83815	
				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
MEMBER	DAVID L CHAPMAN	PO BOX 7100	COEUR D ALENE	ID	USA 83816
5. Organized Under the Laws of: ID W 83632		6. Annual Report must be signed.* Signature: David L Chapman Name (type or print): David L Chapman Date: 04/04/2014 Title: Member			
Processed 04/04/2014		* Electronically provided signatures are accepted as original signatures.			