

No. <b>W 147600</b>	<b>Due no later than Feb 28, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address: Correct in this box if needed.</b>  TRINITY MEDSCI CONSULTING, LLC JULIE S JURENKA 626 MEADOWVIEW DR SAGLE ID 83860 USA		JULIE SHALEEN JURENKA 626 MEADOWVIEW DRIVE SAGLE ID 83860			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name JULIE S JURENKA	Street or PO Address 626 MEADOWVIEW DRIVE	City SAGLE	State ID	Country USA	Postal Code 83860
5. Organized Under the Laws of:  <b>ID</b> <b>W 147600</b>	6. Annual Report must be signed.*  Signature: Julie S Jurenka Name (type or print): Julie S Jurenka  Date: 02/21/2017 Title: President/Manager					
Processed 02/21/2017 * Electronically provided signatures are accepted as original signatures.						