

No. W 123361	Due no later than Mar 31, 2017 Annual Report Form		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. MICA PEAK MEDICAL LLC THOMAS HULL 1054 BROWNS LANE POTLATCH ID 83855		THOMAS R HULL MD 1054 BROWNS LANE POTLATCH ID 83855			
			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	THOMAS RICHARD HULL	1054 BROWNS LANE	POTLATCH	ID	USA	83855
5. Organized Under the Laws of: ID W 123361	6. Annual Report must be signed.* Signature: Thomas R. Hull Name (type or print): Thomas R. Hull		Date: 01/26/2017 Title: owner			
Processed 01/26/2017		* Electronically provided signatures are accepted as original signatures.				