No. W 190075		Due no later than Oct 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. EH MEDICAL, LLC ERIC HOWARD 5702 N CLARET CUP MERIDIAN ID 83646		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				ERIC HOWARD 5702 N CLARET CUP MERIDIAN ID 83646-8364 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar			mber or Manager.				
Office Held	Name	Street or Po	O Address	City	State	Country	Postal Code
MANAGER ERIC HOWA		RD 5702 N CLA	RET CUP	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of: ID W 190075		6. Annual Report must be signed.* Signature: Eric Howard Name (type or print): Eric Howard	Date: 08/21/2018 Title: Agent				
Processed 08/21/2018 * Electronically provided signatures are accepted as original signatures.							