| No. W 46448 | | Due no later than Jan 31, 2018 | | 2. | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|--|----------------------|----|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | | DEBRA J LONG 5139 MISSOULA WAY BOISE ID 83709-5858 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON | | 1. Mailing Address: Correct in this box if needed. DL MEDICAL LEGAL CONSULTING, LLC | | | | | | |
| PO BOX 83720 BOISE, ID 83720-0080 | | DEBRA J LONG 5139 MISSOULA WAY | | | | | | |
| | | BOISE ID 83709-5858 USA | | 3. | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | | |
| Office Held | Name | | Street or PO Address | C | City | State | Country | Postal Code |
| MANAGER DEBRA J LO | | NG | 5139 MISSOULA WAY | В | OISE | ID | USA | 83709-5858 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Debra J Long | | | Date: 01/13/2018 | | | |
| W 46448 | | Name (type or print): Debra J Long | | | Title: owner/manager | | | |
| Processed 01/13/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |