No. <b>W 138009</b>		Due no later than May 31, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  MEDICAL VANGUARD, LLC 7486 SOUTHERN VISTA CT STAR ID 83669-5874		2. Registe	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				7486 S STAR	ED HENDERSHOT 7486 SOUTHERN VISTA CT STAR ID 83669-5874  3. New Registered Agent Signature:*			
4. Limited Liability Compa		 mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER ED HENDERS		SHOT	7486 SOUTHERN VISTA CT.	STAR	ΙD	USA	83669-5874	
5. Organized Under the Laws of:  ID  W 138009		6. Annual Report must be signed.* Signature: Ed Hendershot			Date: 05/27/2015			
		Name (type or print): Ed Hendershot			Title: CEO			
Processed 05/27/2015 * Electronically provided signatures are accepted as original signatures.								