

No. W 101797		Due no later than Mar 31, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MEDICAL DEVICES SOLUTIONS LLC., SAM LEMMON 1518 E SOUTH SLOPE EMMETT ID 83617		SAM LEMMON 1518 E SOUTH SLOPE EMMETT ID 83617			
				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	SAM LEMMON	1518 E SOUTH SLOPE ROAD	EMMETT	ID	USA	83617	
5. Organized Under the Laws of: ID W 101797		6. Annual Report must be signed.* Signature: Sam Lemmon Name (type or print): Sam Lemmon Date: 01/23/2012 Title: Owner					
Processed 01/23/2012		* Electronically provided signatures are accepted as original signatures.					