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|--|-----------------|---|---------|--|-----------------------|-------------|--|
| No. W 113011 | | Due no later than Apr 30, 2016 | | 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 | | MARTIN A MANGAN 5515 N 4000 W REXBURG ID 83440 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | FALL RIVER MEDICAL, P.L.L.C. AUSTIN C GILLETTE 21 WINN DRIVE REXBURG ID 83440 USA | | | | | |
| 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 | |
| MANAGER | SAMUEL J SMITH | 410 TERRA VISTA DRIVE | REXBURG | ID | USA | 83440 | |
| MANAGER | RACHEL GILLETTE | 5515 N 4000 W | REXBURG | ID | USA | 83440 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 113011 | | Signature: Samuel Smith | | | Date: 03/15/2016 | | |
| | | Name (type or print): Samuel Smith | | | Title: Office Manager | | |
| Processed 03/15/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |