No. W 133209		Due no later than Jan 31, 2015		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			TRAVIS HOLDING 1229 E LONE CREEK DR EAGLE 83616			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		PREMIER MEDICAL SOURCE LLC TRAVIS HOLDING 1229 E LONE CREEK DR						
		EAGLE ID 83616		3. <u>New</u> Regist	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	TRAVIS MA	C HOLDING	1229 EAST LONE CREEK	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report						
ID W 133209		Signature: Travis Holding			Date: 11/20/2014			
		Name (type or print): Travis Holding			Title: Owner			
Processed 11/20/2014		* Electronically provided signatures are accepted as original signatures.						