

No. W 135604		Due no later than Mar 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MEDICO II LLC BERTA BUCKINGHAM PO BOX 2653 TWIN FALLS ID 83301		PENELOPE PARKER 320 MAIN AVE N TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name JOE SHELTON	Street or PO Address 320 MAIN AVENUE NORTH		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of: ID W 135604		6. Annual Report must be signed.* Signature: Joe Shelton Name (type or print): Joe Shelton Date: 01/24/2017 Title: Member					
Processed 01/24/2017 * Electronically provided signatures are accepted as original signatures.							