

No. W 116051		Due no later than Jul 31, 2015 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. BOISE MEDICAL, LLC JEROME FISCHER 3295 TRIANGLE DR STE 200 SALEM OR 97302		WAYNE MEULEMAN 755 W FRONT ST STE 200 BOISE ID 83702-9730			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	JEROME C FISCHER	3295 TRIANGLE DR SE STE 200	SALEM	OR	USA	97302	
MEMBER	BONNIE R ANDERSON	264 LANCASTER DR NE	SALEM	OR	USA	97301	
5. Organized Under the Laws of: ID W 116051		6. Annual Report must be signed.* Signature: Jerome C Fischer Name (type or print): Jerome C Fischer					
		Date: 08/14/2015 Title: Member					
Processed 08/14/2015		* Electronically provided signatures are accepted as original signatures.					