

No. W 89442		Due no later than Dec 31, 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 1. Mailing Address: Correct in this box if needed. CGS MEDICAL BILLING LLC META M KAESTNER 6787 RIVER RD CLARK FORK ID 83811		META KAESTNER 6787 RIVER RD CLARK FORK ID 83811			
				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	
MANAGER	META M KAESTNER	6787 RIVER RD	CLARK FORK	ID	USA	83811	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 89442		Signature: Meta Kaestner				Date: 12/27/2016	
		Name (type or print): Meta Kaestner				Title: Owner/Manager	
Processed 12/27/2016		* Electronically provided signatures are accepted as original signatures.					