

No. W 76118		Due no later than Jul 31, 2017		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		1. Mailing Address: Correct in this box if needed. CORE MEDICAL LLC BRIAN LUEKENG 2338 W. HENNA ST KUNA ID 83634		BRIAN LUEKENG 2338 W. HENNA ST. KUNA ID 83634			
				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	BRIAN MICHAEL LUEKENG	2338 W. HENNA ST	KUNA	ID	USA	83634	
MEMBER	HOLLY WHITING LUEKENG	2338 W. HENNA ST	KUNA	ID	USA	83634	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 76118		Signature: Brian Luekeng				Date: 06/25/2017	
		Name (type or print): Brian Luekeng				Title: Principal	
Processed 06/25/2017		* Electronically provided signatures are accepted as original signatures.					