


No. <b>W 27902</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/02/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> SAMUEL JORGENSEN 360 E MONTVUE MERIDIAN ID 83642
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> MED EQUIP, LLC SAMUEL JORGENSEN 360 E MONTVUE MERIDIAN ID 83642		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Samuel S. Jorgenson, 360 E Montvue Dr, Meridian, ID, Ada, 83642</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO              W 27902           </div>		6. Signature:  <hr/> Name (type or print): <i>Samuel S. Jorgenson</i> <hr/> <div style="display: flex; justify-content: space-between;"> <div>             Date: <i>9-8-17</i>  <hr/>             Title: <i>Member</i>  <hr/> </div> </div>	
Issued 09/06/2017 by online			