

No. <b>W 83632</b>		<b>Due no later than May 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  MED LOAN, LLC DAVID L CHAPMAN PO BOX 7100 COEUR D ALENE ID 83814		MICHAEL R CHAPMAN 402 W CANFIELD AVE STE 2 COEUR D ALENE ID 83815	
				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	DAVID L CHAPMAN	PO BOX 7100	COEUR D ALENE	ID	USA 83816
5. Organized Under the Laws of:  <b>ID W 83632</b>		6. Annual Report must be signed.* Signature: DAVID L. CHAPMAN Name (type or print): DAVID L. CHAPMAN Date: 05/26/2015 Title: MEMBER			
Processed 05/26/2015		* Electronically provided signatures are accepted as original signatures.			