

No. W 130360	Due no later than Oct 31, 2014 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CURATIVE MEDICAL, LLC DOUGLAS HOLKE 6713 N MOON DRUMMER WAY MERIDIAN ID 83646		DOUG HOLKE 6713 N MOON DRUMMER WAY MERIDIAN 83646			
			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	DOUGLAS CHARLES HOLKE	6713 N MOON DRUMMER WAY	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of: ID W 130360	6. Annual Report must be signed.* Signature: Douglas Holke Name (type or print): Douglas Holke		Date: 11/08/2014 Title: Principle			
Processed 11/08/2014		* Electronically provided signatures are accepted as original signatures.				