

No. <b>W 84682</b>		<b>Due no later than Jun 30, 2017</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>  BIG BEAR MEDICAL, LLC AARON D MORLOCK 3527 6TH ST LEWISTON ID 83501		ALL DAY \$49 IDAHO REGISTERED A 784 S CLEARWATER LOOP STE F POST FALLS ID 83854			
				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	AARON MORLOCK	3527 6TH STREET	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 84682</b>		Signature: Aaron Morlock				Date: 06/01/2017	
		Name (type or print): Aaron Morlock				Title: Member	
Processed 06/01/2017		* Electronically provided signatures are accepted as original signatures.					