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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------|---------------------|
| No. <b>W 23063</b>                                                                                                                                     |                  | <b>Due no later than Mar 31, 2018</b>                                                                                                                                               |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ULTRASOUNDS WEST, LLC<br>ANDREA C MAZZONI<br>PO BOX 1240<br>KETCHUM ID 83340-1240 |         | ANDREA C MAZZONI<br>1184 E LONESHORE DR<br>EAGLE ID 83616 |                     |
|                                                                                                                                                        |                  |                                                                                                                                                                                     |         | 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 |
| MANAGER                                                                                                                                                | ANDREA C MAZZONI | PO BOX 1240                                                                                                                                                                         | KETCHUM | ID                                                        | 83340-1240          |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 23063</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: SANDRA SWILLEY<br>Name (type or print): SANDRA SWILLEY<br>Date: 02/03/2018<br>Title: REPORTING AGENT                                |         |                                                           |                     |
| Processed 02/03/2018                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                           |         |                                                           |                     |