No. <b>W 147163</b>		Due no later than Jan 31, 2017		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MICHAEL PARISH			
SECRETARY OF STA		1. Mailing Address: Correct in this box if needed.			8128 E SELWAY CT NAMPA ID 83687			
700 WEST JEFFERSC PO BOX 83720 BOISE, ID 83720-008		BAS BIOMEDICAL SERVICES, LLC MICHAEL PARISH 8128 E SELWAY CT		ואויורא ווי סטעט				
		NAMPA ID 83687 USA		3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	oanies: Enter Nai	mes and Addresses of a	it least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	TESSA COUSINS		5461 N PIERCE PARK LN #102	BISE	ID	USA	83714	
MEMBER MICHAEL CO		DUSINS	5461 N PIERCE PARK LN #102	BOISE	ID	USA	83714	
MEMBER MICHAEL PA		RISH	8128 E SELWAY CT	NAMPA	ID	USA	83687	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 147163		Signature: Michael Parish		Date: 02/16/2017				
		Name (type or print): Michael Parish		Title: President				
Processed 02/16/2017		* Electronically provided signatures are accepted as original signatures.						