

No. W 60146		Due no later than Mar 31, 2018 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		1. Mailing Address: Correct in this box if needed. IDAHO MEDSCRIBE LLC LINDSAY BERTHER 4769 S CORBARI PL BOISE ID 83709		LINDSAY BERTHER 4769 S CORBARI PL BOISE ID 83709			
NO FILING FEE IF RECEIVED BY DUE DATE				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	LINDSAY BERTHER	4769 S CORBARI PL	BOISE	ID	83709		
MEMBER	MATTHIAS BERTHER	4769 S CORBARI PL	BOISE	ID	83709		
5. Organized Under the Laws of: ID W 60146		6. Annual Report must be signed.* Signature: Matthias Berther Name (type or print): Matthias Berther					
		Date: 02/24/2018 Title: Member					
Processed 02/24/2018		* Electronically provided signatures are accepted as original signatures.					