No. W 136199	Due no later than Mar 31, 2016	2. Registered	2. Registered Agent and Address (NO PO BOX)		
Return to:	Annual Report Form	AND THE RESERVE AND THE PROPERTY OF THE PERSON OF THE PERS	GIVENS PURSLEY CORPORATE SERVI		
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed SALIENT MEDICAL SOLUTIONS PLLC PO HUANG, M.D. 52 HORIZON DRIVE BOISE ID 83702	BOISE ID	601 W BANNOCK ST BOISE ID 83702 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE	3032 37 00/02				
4. Limited Liability Companies: Enter N	ames and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MEMBER PO HUANG	i, M.D. 52 HORIZON DRIVE	BOISE	ID	USA	83702
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Po Huang		Date: 01/27/2016		
W 136199	Name (type or print): Po Huang		Title: member		
Processed 01/27/2016	* Electronically provided signatures are accepted as original signatures.				