No. W 134693	Due no later than Feb 28, 2015	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	TIMOTHY G GERLITZ
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. IDAHO MEDICAID CONSULTING L.L.C. TIMOTHY G GERLITZ 4506 BARDWELL DR COEUR D ALENE ID 83815-5219	4506 BARDWELL DR COEUR D ALENE 83815 3. New Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE		
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 TIMOTHY	GREGORY GERLITZ 4506 BARDWELL DR	COEUR D ALENE ID USA 83815
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Timothy G Gerlitz	Date: 02/13/2015
W 134693	Name (type or print): Timothy G Gerlitz	Title: Manager-Owner
Processed 02/13/2015	ocessed 02/13/2015 * Electronically provided signatures are accepted as original signatures.	