No. **W 60146**	**Due no later than Mar 31, 2016** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**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 3. New 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:	6. Annual Report must be signed.*	
ID **W 60146**	Signature: Matthias Berther	Date: 01/23/2016
	Name (type or print): Matthias Berther	Title: Member

Processed 01/23/2016

* Electronically provided signatures are accepted as original signatures.