

No. W 127438		Due no later than Jul 31, 2017		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		Annual Report Form		MIKE BURCHMORE 319 JUNIPER RD SUN VALLEY ID 83353			
		1. Mailing Address: Correct in this box if needed. MB PHARMA CONSULTING LLC MIKE BURCHMORE PO BOX 2508 KETCHUM ID 83340		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	
MANAGER	MIKE BURCHMORE	319 JUNIPER ROAD PO BOX 2508, KETCHUM, ID 83340	SUN VALLEY	ID	USA	83353	
5. Organized Under the Laws of: ID W 127438		6. Annual Report must be signed.* Signature: Mike Burchmore Name (type or print): Mike Burchmore Date: 06/29/2017 Title: President					
Processed 06/29/2017		* Electronically provided signatures are accepted as original signatures.					