

No. <b>W 116051</b>		<b>Due no later than Jul 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  BOISE MEDICAL, LLC JEROME FISCHER 3295 TRIANGLE DR STE 200 SALEM OR 97302		WAYNE MEULEMAN 755 W FRONT ST STE 200 BOISE ID 83702-9730			
				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	BONNIE R ANDERSON	264 LANCASTER DR NE	SALEM	OR	USA	97301	
MEMBER	JEROME C FISCHER	3295 TRIANGLE DR SE STE 200	SALEM	OR	USA	97302	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 116051</b>		Signature: Bonnie R Anderson				Date: 08/23/2016	
		Name (type or print): Bonnie R Anderson				Title: Member	
Processed 08/23/2016		* Electronically provided signatures are accepted as original signatures.					