No. **W 242**	**Due no later than Mar 31, 2012** **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.** THRESHOLD MEDICAL, LIMITED COMPANY BILL CURTIS 4090 W STATE ST #7 BOISE ID 83703	BILL CURTIS 4090 W STATE #7 BOISE ID 83703 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
MANAGER	BILL CURTIS	4090 W STATE ST #7	BOISE	ID	USA	83703
MANAGER	LISA CURTIS	3590 AMBERGINA	BOISE	ID	USA	83703

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 242**	Signature: Bill Curtis	Date: 03/20/2012
	Name (type or print): Bill Curtis	Title: Manager

Processed 03/20/2012

* Electronically provided signatures are accepted as original signatures.