

No. W 113329		Due no later than Apr 30, 2018		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. NIELSON MEDICAL CONSULTING, LLC CURTIS S NIELSON 12811 TRIPLE CROWN POCATELLO ID 83202		CURTIS NIELSON 12811 TRIPLE CROWN POCATELLO ID 83202			
				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	CURTIS S NIELSON	12811 TRIPLE CROWN	POCATELLO	ID	USA	83202	
5. Organized Under the Laws of: ID W 113329		6. Annual Report must be signed.* Signature: Curtis Nielson Name (type or print): Curtis Nielson Date: 04/11/2018 Title: Owner					
Processed 04/11/2018		* Electronically provided signatures are accepted as original signatures.					