

No. W 113329	Due no later than Apr 30, 2018 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	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				
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name CURTIS S NIELSON	Street or PO Address 12811 TRIPLE CROWN	City POCATELLO	State ID	Country USA	Postal Code 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.						