

No. L 4330		Due no later than Jan 31, 2015		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		KRAIG C MCGEE MD . 333 NORTH 18TH AVE STE B3 POCATELLO 83201			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
STEELHEAD MEDICAL, L.P. KRAIG C MCGEE 333 N 18TH ST STE B-3 POCATELLO ID 83201 USA							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
GENERAL PARTNER	KRAIG C MCGEE	1420 CEDAR LAKE RD	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of: ID L 4330		6. Annual Report must be signed.* Signature: Kraig C McGee MD Name (type or print): Kraig C McGee MD				Date: 11/26/2014 Title: officer	
Processed 11/26/2014		* Electronically provided signatures are accepted as original signatures.					