

No. <b>W 126839</b>	<b>Due no later than Jul 31, 2015</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> DH MEDICAL, LLC NICKY HARLESS 409 E CALIFORNIA AVE OKLAHOMA CITY OK 73104 USA		DOUGLAS HOLKE 6713 N MOON DRUMMER WAY MERIDIAN ID 83646			
			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	JUSTIN POOS	409 E CALIFORNIA AVE	OKLAHOMA CITY	OK	USA	73104
5. Organized Under the Laws of:  <b>ID</b> <b>W 126839</b>		6. Annual Report must be signed.* Signature: Nicky Harless Name (type or print): Nicky Harless		Date: 07/24/2015 Title: Controller		
Processed 07/24/2015		* Electronically provided signatures are accepted as original signatures.				