No. **W 27902**	**Due no later than Jan 31, 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** MED EQUIP, LLC SAMUEL JORGENSON 2000 N 20TH ST BOISE ID 83702	SAMUEL JORGENSON 2000 N 20TH ST BOISE ID 83702-8370 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	SAMUEL JORGENSON	2000 N 20TH ST	BOISE	ID		83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 27902**	Signature: Samuel Jorgenson	Date: 03/06/2018
	Name (type or print): Samuel Jorgenson	Title: Manager

Processed 03/06/2018

* Electronically provided signatures are accepted as original signatures.