No. W 117822		Due no later than Oct 31, 2015		2.	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. JMU MEDICAL SERVICES, LLC 1096 N EASTLAND DR STE 200 TWIN FALLS ID 83301			JOHNNY URRUTIA 18 N RIDGE WAY JEROME ID 83338				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar				3.	<u>New</u> Registe	red Agent Si	gnature:*		
Office Held	Name	arries aria Address	Street or PO Address	C	City	State	Country	Postal Code	
MEMBER	JOHNNY UR	RRUTIA	18 N RIDGE WAY	J	EROME	ID	USA	83338	
5. Organized Under the Laws of: ID W 117822		6. Annual Report must be signed.* Signature: Nicole Wilson Name (type or print): Nicole Wilson			Date: 08/17/2015 Title: Bookkeeper				
Processed 08/17/2015		* Electronically	Electronically provided signatures are accepted as original signatures.						