

No. <b>W 36136</b>		<b>Due no later than Jan 31, 2015</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  HIGHLAND AVENUE MEDICAL, LLC JOHN T FLATTERY PO BOX 6046 KETCHUM ID 83340 USA		JOHN FLATTERY 406 CANYON RD HAILEY 83333			
				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	
MEMBER	JOHN FLATTERY	PO BOX 6046	KETCHUM	ID		83340	
MEMBER	EDWARD PAYSON FLATTERY	65510 93RD STREET	BEND	OR	USA	97701	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 36136</b>		Signature: John T Flattery				Date: 11/19/2014	
		Name (type or print): John T Flattery				Title: Member	
Processed 11/19/2014		* Electronically provided signatures are accepted as original signatures.					