No. W 33879		Due no later than Oct 31, 2014		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KELLEY M HEMENWAY 2244 N. HICKORY WAY MERIDIAN ID 83646 3. New Registered Agent Signature:*			
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. MEDICAL CONCEPTS L.L.C. KELLEY HEMENWAY 4090 W STATE ST STE 1 BOISE ID 83703 USA						
				3. <u>New</u> Register				
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	KELLY HEMENWAY		2244 N. HICKORY WAY	MERIDIAN	ID	USA	83646	
MEMBER	CARISSA HE	MENWAY	2244 N. HICKORY WAY	MERIDIAN	ID	USA	83646	
MEMBER	CARISSA HEMENWAY		2244 N. HICKORY WAY	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 33879		Signature: Carissa Hemenway Date: 08/20/2014						
		Name (type o		Title: Secretary				
Processed 08/20/2014		* Electronically provided signatures are accepted as original signatures.						