

No. W 50556		Due no later than May 31, 2013		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. HIGHLINE MEDICAL SOLUTIONS, LLC TOM THOMSON 7685 BLACKHAWK DR IDAHO FALLS ID 83406		KEVIN C KOPLIN 1000 RIVERWALK DR #100 IDAHO FALLS ID 83402			
				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	HEIDI THOMSON	7685 BLACKHAWK DR	IDAHO FALLS	ID	USA	83406	
MANAGER	TOM THOMSON	7685 BLACKHAWK DR	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of: ID W 50556		6. Annual Report must be signed.* Signature: Heidi Thomson Name (type or print): Heidi Thomson					
Date: 07/25/2013 Title: Manager							
Processed 07/25/2013		* Electronically provided signatures are accepted as original signatures.					