No. **W 109776**	**Due no later than Jan 31, 2015** **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.** STERLING MEDICAL, LLC SCOTT BROWN 5412 S ROCK HOUSE CIR IDAHO FALLS ID 83406	SCOTT BROWN 5412 S ROCK HOUSE CIR IDAHO FALLS 83406 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
MEMBER	SCOTT BROWN	5412 S HOUSE ROCK CIRCLE	IDAHO FALLS	ID	USA	83406

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 109776**	Signature: Scott Brown	Date: 12/03/2014
	Name (type or print): Scott Brown	Title: CEO

Processed 12/03/2014

* Electronically provided signatures are accepted as original signatures.