


No. W 113329 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015 1. Mailing Address: Correct in this box if needed. NIELSON MEDICAL CONSULTING, LLC CURTIS S NIELSON 12811 TRIPLE CROWN POCATELLO ID 83202	2. Registered Agent and Office (NOT A P.O. BOX) CURTIS NIELSON 12811 TRIPLE CROWN POCATELLO ID 83202 3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.		
Manager or Member Name Street or PO Address City State Country Postal Code		
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> CURTIS NIELSON - SEE ABOVE		
Manager <input type="checkbox"/> Member <input type="checkbox"/>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>		
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; padding: 10px;"> IDAHO W 113329 </div>	6. Signature:  Name (type or print): <u>CURTIS S. NIELSON</u> Date: <u>8/5/15</u> Title: _____	
Issued 08/05/2015 by online		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the