

No. W 155061	Due no later than Aug 31, 2016 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. MEDOVA HEALTHCARE FINANCIAL GROUP, LLC DANIEL L WHITNEY 345 N RIVERVIEW STE 600 WICHITA KS 83705		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705			
			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	DANIEL L WHITNEY	345 N RIVERVIEW STE 600	WICHITA	KS	USA	83705
5. Organized Under the Laws of: KS W 155061	6. Annual Report must be signed.* Signature: Mary Littlejohn-Garber Name (type or print): Mary Littlejohn-Garber		Date: 08/04/2016 Title: Consulting Firm			
Processed 08/04/2016		* Electronically provided signatures are accepted as original signatures.				