No. **W 139186**	**Due no later than Jun 30, 2018** **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.** XT MEDICAL, LLC KIMBERLY JENSEN 329 S WOODRUFF AVE IDAHO FALLS ID 83401	MIKE WHYTE 329 S WOODRUFF AVE IDAHO FALLS ID 83401 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	KIMBERLY JENSEN	329 S. WOODRUFF	IDAHO FALLS	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 139186**	Signature: KIMBERLY JENSEN	Date: 05/14/2018
	Name (type or print): KIMBERLY JENSEN	Title: MEMBER

Processed 05/14/2018

* Electronically provided signatures are accepted as original signatures.