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|---|-----------------------|---|--|--|-------------|----------------|----------------------|
| No. W 86210 | | 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 | | 1. Mailing Address: Correct in this box if needed. MEDMAN PARTNERSHIP, LLC BARRY W FEELY 8093 N CORNERSTONE DR HAYDEN ID 83835 | | BARRY W FEELY 9737 N CIRCLE DR HAYDEN ID 83835 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name BARRY W FEELY | Street or PO Address 9737 N CIRCLE DR | | City HAYDEN | State ID | Country USA | Postal Code 83835 |
| 5. Organized Under the Laws of: ID W 86210 | | 6. Annual Report must be signed.* Signature: Barry W Feely Name (type or print): Barry W Feely Date: 07/08/2016 Title: Manager | | | | | |
| Processed 07/08/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | |