

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 NO FILING FEE IF RECEIVED BY DUE DATE		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			
				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	BARRY W FEELY	9737 N CIRCLE DR	HAYDEN	ID	USA	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.					