No. **W 50556**	**Due no later than May 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.** HIGHLINE MEDICAL SOLUTIONS, LLC TOM THOMSON 7685 BLACKHAWK DR IDAHO FALLS ID 83406	KEVIN C KOPLIN 1000 RIVERWALK DR #100 IDAHO FALLS ID 83402 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
MANAGER	HEIDI THOMSON	7685 BLACKHAWK DR	IDAHO FALLS	ID		83406
MANAGER	TOM THOMSON	7685 BLACKHAWK DR	IDAHO FALLS	ID		83406

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 50556**	Signature: tom thomson	Date: 06/06/2016
	Name (type or print): tom thomson	Title: manager

Processed 06/06/2016

* Electronically provided signatures are accepted as original signatures.