

No. **W 33879**

Due no later than October 31, 2008

Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

**SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080**

1. Mailing Address - Correct in this box, if applicable

**MEDICAL CONCEPTS L.L.C.
4090 W STATE ST STE 1
BOISE, ID 83703**

**KELLEY M HEMENWAY
558 W COLCHESTER DR
EAGLE, ID 83616**

NO FILING FEE IF

RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Kelley Hemenway	558 w. Colchester DR	Eagle	ID	83616
Secretary	Carissa Hemenway	558 w. Colchester DR	Eagle	ID	83616

5. Organized Under the Laws of:
**IDAHO
W 33879**

6.

Signature

Carissa Hemenway

Date

8-14-08

Name

(Typed or
Printed)

CARISSA HEMENWAY

Title

Secretary

Issued 08/06/2008

Do Not Tape or Staple

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