

No. <b>W 103257</b>		<b>Due no later than May 31, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  MEDICAL DATA/YTICS, LLC JOSEPH KIRCHNER 355 N ELM #8 TWIN FALLS ID 83301-5973		JOSEPH KIRCHNER 355 N ELM #8 TWIN FALLS ID 83301			
				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	
MEMBER	JOSEPH KIRCHNER	355 N ELM #8	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID W 103257</b>		6. Annual Report must be signed.* Signature: Joseph Kirchner Name (type or print): Joseph Kirchner Date: 06/17/2014 Title: Member					
Processed 06/17/2014		* Electronically provided signatures are accepted as original signatures.					