No. **W 147163**	**Due no later than Jan 31, 2016**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** BAS BIOMEDICAL SERVICES, LLC MICHAEL PARISH 8128 E SELWAY CT NAMPA ID 83687 USA	MICHAEL PARISH 8128 E SELWAY CT NAMPA ID 83687 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
MEMBER	TESSA COUSINS	5461 N PIERCE PARK LN #102	BISE	ID	USA	83714
MEMBER	MICHAEL COUSINS	5461 N PIERCE PARK LN #102	BOISE	ID	USA	83714
MEMBER	MICHAEL PARISH	8128 E SELWAY CT	NAMPA	ID	USA	83687

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 147163**	Signature: Michael Parish	Date: 12/12/2015
	Name (type or print): Michael Parish	Title: President

Processed 12/12/2015

* Electronically provided signatures are accepted as original signatures.