

No. W 134571		Due no later than Feb 28, 2018		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. MOUNTAIN FALLS MEDICAL LLC CAULEEN STRADLING 1995 E 17TH STREET SUITE 1 IDAHO FALLS ID 83404-6493 USA		CAULEEN STRADLING 1995 E 17TH STREET STE 1 IDAHO FALLS ID 83404-6493			
				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	CAULEEN STRADLING	1995 E 17TH STREET STE 1	IDAHO FALLS	ID	USA	83404-6493	
5. Organized Under the Laws of: ID W 134571		6. Annual Report must be signed.* Signature: Cauleen Stradling Name (type or print): Cauleen Stradling Date: 03/15/2018 Title: Owner					
Processed 03/15/2018		* Electronically provided signatures are accepted as original signatures.					