

<b>No. W 108400</b>		<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/23/2016</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> <b>SCOT SCHEFFEL</b> <b>1605 N 10TH STREET</b> <b>BOISE ID 83702</b>	
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  ISMI MEDICAL EQUIPMENT LEASING LLC SCOT SCHEFFEL 1605 N 10TH STREET BOISE ID 83702		<b>3. New Registered Agent Signature.</b>	
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>					
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>					
<b>Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code</b>					
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Scot Scheffel 1605 N. 10 <sup>th</sup> St. Boise ID USA 83702					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 108400</b>		<b>6.</b> Signature:  Name (type or print): <b>Scot Scheffel</b>		Date: <b>8/8/16</b> Title: <b>Manager</b>	
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