

|  |  |  |   |                                     |         |             |
|--|--|--|---|-------------------------------------|---------|-------------|
| No. <b>W 124157</b>  | <b>Due no later than Apr 30, 2017</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |                                     |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>PT MEDICAL, LLC<br>BRIAN T. TUCKER NELSON HALL PARRY TUCKER<br>PO BOX 51630<br>IDAHO FALLS ID 83405 |  | BRIAN T TUCKER<br>490 MEMORIAL DR<br>IDAHO FALLS ID 83402 |                                     |         |             |
|  |  |  | 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  | STEPHEN BIRD   | 427 SUNTERRA DR.   | IDAHO FALLS   | ID                                  | USA     | 83404       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 124157</b>  |  | 6. Annual Report must be signed.*<br>Signature: Brian T. Tucker<br>Name (type or print): Brian T. Tucker |   | Date: 02/22/2017<br>Title: Attorney |         |             |
| Processed 02/22/2017   |  | * Electronically provided signatures are accepted as original signatures.                                |   |                                     |         |             |