Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

SIGN HERE

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Р	art I A	nnual Report	Identification Information						
For	calendar p	lan year 2015 or fi	scal plan year beginning 01/01/2	2015		and ending 1	2/31/2	015	
Α	This return	report is for:	a single-employer plan a one-participant plan		participating em	an (not multiemployer) uployer information in a		_	
В	This return/	report is	the first return/report an amended return/report	Ħ	l return/report plan year returr	n/report (less than 12 n	nonths)	
С	Check box	if filing under:	X Form 5558	automa	atic extension			DFVC progr	am
			special extension (enter descr	ription)					
Pa	art II E	Basic Plan Info	rmation—enter all requested inf	' '					
1a	Name of p	lan	T SHARING PLAN & TRUST					Three-digit plan number (PN) •	001 plan
2a	Mailing ad	dress (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		reign, see instru	uctions)		Employer Identification (EIN) 45-5.	241577
PO B	OX 2316 ON, NY 12	LC .	737 2ND TROY, N	AVE		,		Sponsor's teleph 518-68 Business code (4853	see instructions)
3a	Plan admi	nistrator's name ar	nd address XSame as Plan Spons	sor.				Administrator's E	EIN elephone number
4 a		N, and the plan nur	e plan sponsor has changed since mber from the last return/report.	the last retu	rn/report filed fo	or this plan, enter the		EIN PN	
			at the beginning of the plan year					ia	1
b			at the end of the plan year				-	b	0
C	Number o		account balances as of the end of				-	ic	0
d	(1) Total n	umber of active pa	rticipants at the beginning of the pla	an year			. 5d	(1)	1
			rticipants at the end of the plan yea	-				(2)	0
е	Number of than 100	of participants that % vested	terminated employment during the	plan year w	ith accrued ber	nefits that were less		ie	0
			or incomplete filing of this return						
SB	or Schedul		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.						
SIC	ENI FIL	ed with authorized	valid electronic signature	05/	/03/2019	MICHAEL KARAM			

Date

Date

05/03/2019

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of plan administrator

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

MICHAEL KARAM

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can 	an indeper	ndent qualified public a	account	ant (IQ	PA)			X Ye	
c If the plan is a defined benefit plan, is it covered under the PBGC i						_	No	Not dete	ermined
Part III Financial Information	·								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	7a	(a) = 2 9	,	0			()		0
b Total plan liabilities	7b			0					0
C Net plan assets (subtract line 7b from line 7a)	7с			0					0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) 1	Γotal	
Contributions received or receivable from: (1) Employers	8a(1)			0					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b			0					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								0
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0					
Certain deemed and/or corrective distributions (see instructions)				0					
f Administrative service providers (salaries, fees, commissions)				0					
g Other expenses				0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)									0
i Net income (loss) (subtract line 8h from line 8c)	8i								0
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
B If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	feature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the	e instruc	tions:	
10 During the plan year:				Yes	No	N/A		Amoun	t
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					20000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X				
Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	me or all of	the benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla	an?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	end.)	10g		Χ				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g		X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance									
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)								Ye	s X No
11a Enter the unpaid minimum required contribution for all years from	n Schedule	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	a requireme	ents of section 412 of t	he Cod	e or se	ction 1	302 of F	RISA?	Ye	s X No

	F	orm 5500-SF 2015 Page 3 - 1					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ng the waiver		enter the Day	e date of t	he letter rul Year	ing
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		rear	
b	Enter th	ne minimum required contribution for this plan year		12b			
		ne amount contributed by the employer to the plan for this plan year		12c			
	Subtra	ict the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)	eft of a	12d			
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		," enter the amount of any plan assets that reverted to the employer this year		13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough PBGC?			X	Yes	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
1	1 3c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	VIII	Trust Information					
14a	Name o	f trust		14b ⊺	Γrust's EIΙ	N	
14c	Name	of trustee or custodian			Trustee's telephone	or custodia e number	an's
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	s	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?		Ye		No	
		the box to indicate the method used by the plan to satisfy the coverage requirements under secti	. ,		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?	•	Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play ry letter, enter the date of that favorable letter/and the letter's serial n		t to a fa	vorable II	RS opinion	or
17d		lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/	nter the date of	the plai	n's last fa	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	3	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w), as required under section 401(a)(9)?		Ye	S	No	N/A

MEDIMOBILE LLC PO BOX 2316 GANSEVOORT NY 12831-5316

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT, EVEN IF YOU ALSO HAVE AN INQUIRY.

The IRS address must appear in the window. 0423488309

BODCD-TE

Use for payments

Letter Number: LTR1074C Letter Date : 2019-04-11

Tax Period : 201512

455241577

MEDIMOBILE LLC PO BOX 2316

GANSEVOORT NY 12831-5316

INTERNAL REVENUE SERVICE

OGDEN UT 84201-0046



OMB Clearance No.: 1545-1610

In reply refer to: 0423488309 Apr. 11, 2019 LTR 1074C 1 45-5241577 201512 74 001 00018120

BODC: TE

MEDIMOBILE LLC
PO BOX 2316
GANSEVOORT NY 12831-5316

Employer Identification Number: 45-5241577

Name of Plan: Med

Medimobile LLC 401K Profit Sharing

Plan Trust

Plan Number: 001

Plan Year Ended: Dec. 31, 2015

Dear Taxpayer:

Thank you for your response dated Feb. 26, 2019.

We received a copy of the "Final" return identified above along with your response indicating you have previously filed this return. We have researched your account and find we have no record of this filing. Your Form 5500-SF, Short Form Annual Return/Report of Small Employee Benefit Plan is being returned because it cannot be processed by the Internal Revenue Service.

You must electronically file with the Department of Labor. You may file online using the EFAST2 web-based filing system, or you may file through an EFAST2 approved vendor. Detailed information on electronic filing is available at www.efast.dol.gov.

For telephone assistance, call the EFAST2 Help Line at 1-866-463-3278 Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include a copy of this letter and, in the spaces below, write your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone	Number	()	Hours

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.



NIE

BOD CD-TE

** IF YOU HAVE ANY QUESTIONS, **

** REFER TO THIS INFORMATION: **

NUMBER OF THIS NOTICE: CP-406

DATE OF THIS NOTICE: 02-04-2019

TAXPAYER IDENT. NUM: 45-5241577

FORM: 5500SF PLAN #: 001

PLAN YEAR ENDING: 12-31-2016



MEDIMOBILE LLC PO BOX 2316 GANSEVOORT NY

12831-5316163

000253





FINAL NOTICE-YOUR ANNUAL FORM 5500 or 5500-SF IS OVERDUE WRITTEN RESPONSE REQUIRED

Why Are You Getting This Notice?

We did not receive a response, or an explanation as to why you are not required to file, to our previous notice asking you to file Form 5500SF for the plan number and plan year ending indicated below:

Plan Number

Plan Period Ending

001

12-31-2016

If we do not hear from you immediately, we will conclude that you did not intend to file your return and we may take the following actions:

- Ask you to come into our office with your books and records,
- Begin an audit of your plan.

What You Need To Do

We urge you to review the items below, complete the appropriate section of the notice and return it to us by 03-04-2019.

- 1. Complete Section I if you have already filed the return with the Employee Benefits Security Administration (EBSA).
- Complete Section I if you filed the return using an EIN, plan name, plan number, or plan year ending different from those shown above.
- Complete Section II if you are not required to file a return file for the plan number and/or plan year ending shown above.
- 4. If you are required to file a Form 5500 or Form 5500-SF electronically and you need more information, go to www.efast.dol.gov.
- 5. If you are required to file a Form 5500 and have not filed, you may be eligible to participate in the DOL Delinquent Filer Voluntary Compliance Program (DFVCP), which allows for substantially reduced EBSA penalties for delinquent filers and eliminates the IRS penalty. Information about the DFVCP is available on DOL's website, www.dol.gov/ebsa. If you are eligible for and have satisfied the requirements for participation in the DFVCP, check the box below and enter the date that you applied for participation in the DFVCP.



2

000253.783965.52024.18372 1 MB 0.428 864



MEDIMOBILE LLC PO BOX 2316 GANSEVOORT NY

ORT NY 12831-5316163

000253

3

Be sure the IRS address appears in your envelope window.

BODCD-TE SELCD- Notice Number: CP406

Notice Date : 2019-02-04

Tax Period : 201612

455241577

MEDIMOBILE LLC PO BOX 2316

GANSEVOORT NY

12831-5316163

INTERNAL REVENUE SERVICE OGDEN UT 84201-0018

NUMBER OF THIS NOTICE: CP-406
DATE OF THIS NOTICE: 02-04-2019
TAXPAYER IDENT. NUM: 45-5241577
FORM: 5500SF PLAN #: 001
PLAN YEAR ENDING: 12-31-2016

MEDIMOBILE LLC PO BOX 2316 GANSEVOORT NY

12831-5316163



000253

COMPLETE AND RETURN WITH YOUR REPLY

Section I

Enter the information exactly as shown on the form filed with EBSA.

Name and address as shown on the form

Employer Identification Number (EIN) 45.524/577

Plan Year Ending 2015

Date filed with EBSA and Acknowledgement Plan Number number: 2015 FINAL DESCENSION

Section II Not Required to File

Please check the box that applies to you, a form was not filed because:

- [] Plan in question is a Savings Incentive Match Plan for Employees of Small Employers (SIMPLE) that involves SIMPLE IRAs.
- [] Plan in question is a Simplified Employee Pension (SEP).
- Plan was terminated or merged into a new plan. You must still file a "Final" return showing zero end-of-year assets, zero participants, and mark "the final return filed for the plan" box in part 1 of the form.
- [] Other:_

Section III Reason for not filing on time

We add file on time:
We add file on time:
We add file on time:
Whe final return report. Attacked ARE THE 2014 and
2015 Come 5500-5F Which were filed.

Out 2.19.19

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Repo		accordance with the instructions to the Form	5500-SF	inspection
For calendar plan year 2015 or		01/2015 and ending	10/04	10015
A This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemploy	er) (Filer	/2015
		- or participating employer information in ac	cordance	e with the form instructions)
	a one-participant plan	a loreign plan		o mar are form matructions)
B This return/report is:	the first return/report	the final return/report		
	an amended return/report	a short plan year return/report (less than 1	2 months	s)
C Check box if filing under:	Form 5558	automatic extension		
oneon box it mility under:	special extension (enter desc			DFVC program
Part II Basic Plan Inf	ormation—enter all requested in			
i wante of plan	enter all requested in	itormation		
MEDIMOBILE LLC				Three-digit
401(K) PROFIT SHAPING SLAV				plan number (PN) • 001
401(K) PROFIT SHARING PLAN	& IRUST			Effective date of plan
2a Plan sponsor's name and a	ddus		.0	01/01/2014
Medimobile IIc	dress; include room or suite number	er (employer, if for a single-employer plan)	2b	Employer Identification Number
				(EIN) 45-5241577
box 2316			2c	Sponsor's telephone number
		600		(518)683-5424
NSEVOORT NY 12831		020	2d	Business code (see instructions)
Plan administrator's name a	nd address XSame as Plan Spo	nsor	01	485310
SAME	En and the repo	MAR 1 2 2019	36 /	Administrator's EIN
			3c /	Administrator's telephone numbe
			/	teleprione number
The hame and/or EIN or the	plan sponsor has changed since the	he last return/report filed for this plan, enter the	AL -	
a Sponsor's name	mber from the last return/report.	this plan, enter the	4b E	IN
a Total number of porticinant			4c F	PN
b Total number of participants	at the beginning of the plan year		- 5a	
and a participants	at the end of the plan year		- 5b	
• Rumber of participants with a	account balances so of the and -fit		-	The state of the s
, , , , , , , , , , , , , , , , , , , ,			5c	
(1) Total number of active part	icipants at the beginning of the plar	n year	5d(1)	
u(Z) Total number of active part	ticipants at the end of the plan year		5d(2)	
			04(2)	6
		***************************************	5e	(
aution: A penalty for the late o	r incomplete filing of this return/r	report will be assessed unless reasonable cau	ise is es	tablished
B or Schedule MB completed and	er penalties set forth in the instruction	ons, I declare that I have examined this return/re well as the electronic version of this roturn/re-	port, inclu	Iding if applicable a Schedule
elief, it is true, correct, and compl	ete.	ons, I declare that I have examined this return/rep well as the electronic version of this return/report	t, and to t	he best of my knowledge and
I About Al				
GN ERE		2.6.15 MICNAS	12	HOGUN
Signature of plan ad	ministrator	Date Enter name of individu	ISI gignia	
GN JOH		2615 N.1611	Jai signin	g as plan administrator
RE Signature of employe	er/plan sponsor	TO TOTAL	EN.	man
eparer's name (including firm nar	me, if applicable) and address (inclu	Date Enter name of individu	al signin	g as employer or plan sponsor
	, , , , , , , , , , , , , ,	or state number)	Prepare	r's telephone number
		RECEIVED		
		MAR 0 5 2019 80		
- D		MAR 0 5 2019 Q		
Paperwork Reduction Act Notice a	and OMB Control Numbers, see the in	structions for Form 5500 SF.		F
		OGDEN, UT		Form 5500-SF (2015) v. 140124

6			Page 2						
	Were all of the plan's assets during the plan year invested in elig Are you claiming a waiver of the annual examination and report o under 29 CFR 2520.104-46? (See instructions on waiver alignibility	ble assets? (See instructions.) lent qualified publi	ic acco	untant	(IOPA			Yes
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	and conditio	ns.)			(1021)	·······		Yes
C	If the plan is a defined benefit plan, is it covered under the PBGC in								
	art III Financial Information	nsurance pro	gram (see ERISA	section	1 4021)? [Yes _	No	Not Determ
7	Plan Assets and Liabilities	Г							
_ a	Total plan assets	70	(a) Beginn	ing of				(b) End	of Year
_t	Total plan liabilities	. 7a . 7b			0	_			1896
	Net plan assets (subtract line 7b from line 7a)	. 7c			0				0
8	Income, Expenses, and Transfers for this Plan Year	1 70			0	\dashv			1896
а	Contributions received or receivable from:		(a) Am	ount		-+		(b)	Total
	(1) Employers	8a(1)			853				
	(2) Participants	8a(2)		1	066				
h	(3) Others (including rollovers)	8a(3)			0	\neg			
<u>b</u>	The modific (1033)	8b			-23	\neg		The same of the sa	
<u>0</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				\top			1000
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)								1896
е	Certain deemed and/or corrective distributions (see instructions)	8d			0				
f	Administrative service providers (salaries, fees, commissions)	8e			0	_			
g	Other expenses	8f			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g			0				
i	Net income (loss) (subtract line 8h from line 8c)	8h							0
i	Transfers to (from) the plan (see instructions)	8i							1896
-	t IV Plan Characteristics	8j eature codes	from the List of PI	an Cha	0 eracter	istic C	odes in th	o instruct	iona
9a b	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare features.	eature codes	from the List of Place	an Cha	aracte	istic Co	odes in the	e instruct	ions:
9a b Part	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feat V Compliance Questions	eature codes	from the List of Pl om the List of Plan	an Cha	aracte	istic Co	odes in th	e instruct	ions: ons:
9a b Part	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feat V Compliance Questions During the plan year:	eature codes ature codes fr	om the List of Plan	an Cha	aracte	tic Co	des in the	instruction	ons:
9a b Part	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature. V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volu Program)	eature codes from the content of the codes from the	om the List of Planting time period any Correction	n Char	aracter	istic Contic Con	odes in the	instruction	ons:
9a b Part	If the plan provides pension benefits, enter the applicable pension for the plan provides welfare benefits, enter the applicable pension for the plan provides welfare benefits, enter the applicable welfare feature. V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram). Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	eature codes from the codes within the codes interpretation of the codes from the	time period ary Correction	n Char	aracter	No	des in the	instruction	ons:
9a b Part	If the plan provides pension benefits, enter the applicable pension for the plan provides welfare benefits, enter the applicable pension for the plan provides welfare benefits, enter the applicable welfare feature. V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram). Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	eature codes from the codes within the codes interpretation of the codes from the	time period ary Correction	10a	Yes	No ×	des in the	instruction	ons: Amount
9a b Part 10 a b	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feat V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond?	eature codes from within the untary Fiducia	time period ry Correction	n Char	aracter	No ×	des in the	instruction	ons:
b Part 10 a b c d	If the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides welfare benefits, enter the applicable welfare feature. V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributing described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram)	eature codes from within the untary Fiducia	time period ary Correction de transactions	10a	Yes	No ×	des in the	instruction	ons: Amount
b Part 10 a b c d	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feat V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumer of the plan year). Were there any nonexempt transactions with any party-in-interest? reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fix by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service or other organization that possible services.	eature codes from within the untary Fiducia (Do not included)	time period ry Correction de transactions at was caused	10a 10b 10c	Yes	No ×	des in the	instruction	ons: Amount
9a b Part 10 a b c d	If the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides welfare benefits, enter the applicable welfare feature. V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram). Were there any nonexempt transactions with any party-in-interest? reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fixely fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service or other organization that provides some of the plan? (See instructions.)	eature codes from within the untary Fiducia (Do not included liberary by a fall of the ben	time period ary Correction de transactions at was caused an insurance lefits under	. 10a . 10b . 10c 10d	Yes	No × × ×	des in the	instruction	ons: Amount
b Part 10 a b c d e	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feat V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volta Program) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidely fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service or other organization that provides some of the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan?	eature codes from within the untary Fiducia (Do not included lity bond, the persons by a fall of the ben	time period try Correction de transactions at was caused an insurance telfits under	10a 10b 10c	Yes	No X X X	des in the	instruction	ons: Amount
b Part 10 a b c d f g h	If the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides welfare benefits, enter the applicable welfare feature. V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fixed by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service or other organization that provides some on the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan was there a blackout particle? (Complete the plan participant loans?)	eature codes from within the untary Fiducial (Do not included life) bond, the persons by a figure all of the bent of year end.)	time period ary Correction de transactions at was caused an insurance perits under	. 10a . 10b . 10c 10d	Yes	No X X X X	des in the	instruction	ons: Amount
b Part 10 a b c d e	If the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides welfare benefits, enter the applicable welfare feature. V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fixed by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service or other organization that provides some on the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as colf this is an individual account plan, was there a blackout period? (See 2520.101-3.)	eature codes from within the untary Fiducia (Do not included leading bond, the persons by a figure all of the ben of year end.)	time period ary Correction de transactions de transactions at was caused an insurance sefits under	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X	des in the	instruction	ons: Amount
b Part 10 a b c d e f g h	If the plan provides pension benefits, enter the applicable pension for the plan provides welfare benefits, enter the applicable welfare feature. V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributing described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram). Were there any nonexempt transactions with any party-in-interest? reported on line 10a.). Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fixed by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service or other organization that provides some on the plan? (See instructions.). Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (See 2520.101-3.). If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3.	eature codes from within the untary Fiducia (Do not included and of the bendance of year end.)	time period ary Correction de transactions at was caused an insurance lefits under	10a 10b 10c 10d 10e 10f 10g 10h 10i	Yes	No X X X X X	des in the	instruction	ons: Amount
b Part 10 a b c d f g h i j	If the plan provides pension benefits, enter the applicable pension for the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fixed by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service or other organization that provides some on the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as colf this is an individual account plan, was there a blackout period? (See 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3. Did the plan trust incur unrelated business taxable income?	eature codes from within the untary Fiducia (Do not included and of the bendance of year end.)	time period ary Correction de transactions at was caused an insurance lefits under	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X X	des in the	instruction	ons: Amount
b Part 10 a b c d f g h i j	If the plan provides pension benefits, enter the applicable pension for the plan provides pension benefits, enter the applicable pension for the plan provides welfare benefits, enter the applicable welfare feat if the plan provides welfare benefits, enter the applicable welfare feat if the plan provides welfare benefits, enter the applicable welfare feat if the plan provides welfare benefits, enter the applicable welfare feat if the plan provides welfare benefits, enter the applicable welfare feat if the plan provides welfare feat if the plan part is plant to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's fidelity for the plan have a loss, whether or not reimbursed by the plan's fidelity fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service or other organization that provides some or the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (See 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3. Pension Funding Compliance It is a defined benefit plan subject to minimum for the plant is a defined benefit plan subject to minimum for the plant is a defined benefit plan subject to minimum for the plant is a defined benefit plan subject to minimum for the plant is a defined benefit plan subject to minimum for the plant is a defined benefit plan subject to minimum for the plant is a defined benefit plan subject to minimum for the plant is a defined benefit plant subject to minimum for the plant is an individual account plant	eature codes from within the untary Fiducia (Do not included lity bond, the persons by a figure all of the bender of year end.)	time period try Correction de transactions at was caused an insurance telfits under s and 29 CFR	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X X	N/A	instruction	Amount 200
b Part 10 a b c d b i j	If the plan provides pension benefits, enter the applicable pension for the plan provides welfare benefits, enter the applicable welfare feature. If the plan provides welfare benefits, enter the applicable welfare feature. V Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Volumerogram) Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fixed by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service or other organization that provides some on the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If "Yes," enter amount as colf this is an individual account plan, was there a blackout period? (See 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3. Did the plan trust incur unrelated business taxable income?	eature codes from within the untary Fiducia (Do not included and of the bendance of year end.)	time period ary Correction de transactions at was caused an insurance lefits under s and 29 CFR	10a 10b 10c 10d 10g 10h 10i 10j ed com	Yes X	No X X X Chedu	N/A	instruction	ons: Amount

*					
	Form 5500-SF 2015				
(f "Yes," complete line 122 or lines 124 to				
a If	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions completed line 12a, complete lines 3.0, and 10 see instructions				
If you	anting the waiver	, and en	ter the date	of the let	tter ruling
			Day	Year	
	nter the minimum required contribution for this plan year	1	2b		
d Su	ter the amount contributed by the employer to the plan for this plan yearbtract the amount in line 12c from the amount in line 12b. Enter the growth (12	2c		
116	gative amount) gentler the result (enter a minus sign to the left of a				
e Wi	the minimum funding amount reported on line 12d be met by the funding deadling	12	.0		
Part VII	Plan Terminations and Transfers of Assets		. Yes	No	N//
13a Ha	s a resolution to terminate the plan been adopted in any plan year?				
				No	
b We	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the	13a	1		
C If di	ne PBGC?	e contro	ol l	П	, 57
VVIII	an assets or liabilities were transferred. (See instructions)	s) to			es X N
13c(1	Name of plan(s):	5) 10			
		13c(2)	EIN(s)	130	(3) PN(s)
Part VIII	Trust Information				
14a Name	of trust				
		14b	Trust's EIN		
			Ziii		
140.11					
146 Name	of trustee or custodian	4.4.1			
		140 I	rustee's or elephone nu	custodiar	n's
D. I. D.			1100110110	moei	
Part IX	IRS Compliance Questions				
15a Is the	plan a 401(k) plan?				
15h 1550		Y	/es	No	
matchi	how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer on tributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design-		
		📙 🗜	pased safe narbor	∐ AD	P/ACP
testing	method" for pophiably company to the Hold Representation of the plan year using the "current year method" for pophiably company to the Hold Representation of the plan year using the "current year method" for pophiably company to the Hold Representation of the plan year using the "current year method".	_ n	method		>t
2(a)(2)	method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-	I I Y	es	No	
16a Check t	he box to indicate the method used by the plan to a till ()) n4: -		
16h Door th	he box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	. L P	Ratio ercentage	Av	erage
this plan	e plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining a with any other plans under the permissive aggregation rules?	te	est	Der	nefit test
17a Has the	n with any other plans under the permissive aggregation rules?	. ∐ Y∈	es:	No	
	and the difference of all feduled tax law changes?	. П Ye	es	No	□ N/A
for tax la	w changes and codes.	10			
1/C If the pla	n is an individually designed a large subjection in sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject and the letter's serial number.			Jee instr	uctions
17d If the pla	n is an individually-designed plan and received a few subjections of the letter's serial number	t to a fa	vorable IRS	opinion	ог
determin	and the letter's serial number ation letter and the letter's serial number ation letter	the plar	i's last favor	able	
IN INP PE	III Maintained in a 110 to 11			was discussed	

Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?.....

Were in-service distributions made during the plan year?.... If "Yes," enter amount....

Were required minimum distributions made to 5% owners who have attained age $70\,\%$ (regardless of whether or not

retired), as required under section 401(a)(9)?

19

20

Yes

Yes

19

Yes

No

No

No

N/A

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2014

OMB Nos. 1210-0110

This Form is Open to Public Inspection

		Complete all entries in a	accordance with the in	estructions to the Form	EEOO CE	Public Inspection
Part		T Identification Information	The state of the s	istructions to the Form	5500-SF.	
For cale	ndar plan year 2014 or	fiscal plan year beginning 01/01/20)14	and ending	12/31/2014	
A This	return/report is for:	X a single-employer plan	a multiple-employe	er plan (not multiemployer	r) (Filers chec	king this box must attach a lis
		a one-participant plan	a foreign plan	ployer information in acco	ordance with t	he form instructions)
B This	return/report is	the first return/report	the final return/repo			
0		an amended return/report		turn/report (less than 12	months)	
C Chec	ck box if filing under:	Form 5558 special extension (enter descri	automatic extensio	n	DF	FVC program
Part II	Basic Plan Inf	ormation—enter all requested info	ormation	000		
1a Nan MEDIMOE	ne of plan	T SHARING PLAN TRUST	MA	1 2 2019	(PN)	number
2a Plan	sponsor's name and a	ddress; include room or suite number	r (omenlesses if f			01/01/2014
MEDIMOB	ILE LLC	Juices, madde footh of Suite number	r (employer, if for a sing	le-embloyer plan)	(EIN)	oyer Identification Number 45-5241577
O BOX 23	316 ORT, NY 12831				2c Spon	sor's telephone number 518-683-5424
			RECEIVE	Po	2d Busine	ess code (see instructions) 485310
Ja Plan	administrators name a	nd address Same as Plan Sponso	MAR 0 5 20	19 80-8	3b Admin	istrator's EIN
4 If the	name and/or EIN of the e, EIN, and the plan nu	e plan sponsor has changed since th mber from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN	
a Spon	sor's name				4c PN	
5a Total	I number of participants	at the beginning of the plan year			5a	1
b Total	number of participants	at the end of the plan year			5b	7
C Num comp	ber of participants with lete this item)	account balances as of the end of the	e plan year (defined ber	nefit plans do not	5c	,
u(1) 10	tal number of active pa	rticipants at the beginning of the plan	year		5d(1)	1
d(2) To	tal number of active pa	rticipants at the end of the plan year.			5d(2)	7
1033 (1	iaii 100% vested	erminated employment during the plan	······		5e	0
Caution: A Under per SB or Sch	A penalty for the late of alties of perjury and oth edule MB completed ar	or incomplete filing of this return/rener penalties set forth in the instruction of signed by an enrolled actuary, as a	eport will be assessed	l unless reasonable cau		
SIGN		valid electronic signature.	07/28/2015	MICHAEL KARAM	n 5555 850	, and a second
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ual signing as	plan administrator
SIGN HERE					J	
	Signature of employ	/er/plan sponsor	Date	Enter name of individu	ual signing as	employer or plan sponsor
-reparer's	name (including firm na	ame, if applicable) and address (inclu	de room or suite numb	er) (optional)	Preparer's te	elephone number (optional)

Form	5500-SF	2014
------	---------	------

Page 2

	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be planted in a defined by the statement of the planted by the plant	an indeper and conditi not use Fo	ndent qualified public accourtions.)	ntant (IQPA)	550		X	Yes Yes	No No
	in the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pi	rogram (see ERISA section	4021)	?	Yes	No	X Not	detern	nined
Par	t III Financial Information			-						
	Plan Assets and Liabilities		(a) Beginning of Y	ear	T		(b) En	d of Ye	225	
a	Total plan assets	7a	, , , , , , , , , , , , , , , , , , ,	0			(D) EII	u oi re		0
	Total plan liabilities	7b		0	\dashv					0
CI	Net plan assets (subtract line 7b from line 7a)	7c		0						0
	Income, Expenses, and Transfers for this Plan Year		(a) Amount		\top		(b)	T-4-1		
a (Contributions received or receivable from:		(a) / intount		-		(D)	Total		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
- h	(3) Others (including rollovers)	8a(3)						in a serieta		
0 0	Other income (loss)	8b		0						
d E	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		177					(0
t	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d					District one	in the same	of the last	
e (Certain deemed and/or corrective distributions (see instructions)			0	-					
	Administrative service providers (salaries, fees, commissions)	8e		0	-					
	Other expenses	8f			_					
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8g			-				and the second second	
	let income (loss) (subtract line 8h from line 8c)	8h			+				()
jт	ransfers to (from) the plan (see instructions)	8i			-				0)
Part		8j								
Part \	Transco duconone	ature codes	from the List of Plan Chara	cteris	tic Co	des in th	ne instruct	ions:		
	During the plan year:				Yes	No		Amou	ınf	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce)	iany Correc	tion Drogram)	10a		×		741100		
	on line 10a.)	(Do not inc	lude transactions reported	10b		Х				
С .	Was the plan covered by a fidelity bond?			10c	X				2	0000
d [Did the plan have a loss, whether or not reimbursed by the plan's fider of dishonesty?	delity bond	that was sounded by facility	10d		X				
e v ir ir	Vere any fees or commissions paid to any brokers, agents, or othen nsurance service, or other organization that provides some or all of nstructions.)	r persons b the benefit	y an insurance carrier, s under the plan? (See	10e		Х				
f ⊦	las the plan failed to provide any benefit when due under the plan?			10f		Х		-97		
	oid the plan have any participant loans? (If "Yes," enter amount as o				\dashv	-				
h If	f this is an individual account plan, was there a blackout period? (Se 520.101-3.)	ee instruction	one and 20 CER	10g		X		2011		
I IT	10h was answered "Yes," check the box if you either provided the xceptions to providing the notice applied under 29 CFR 2520.101-3	required no	tice or one of the	10h	\dashv					
Part VI	Pension Funding Compliance)		10i						
11 Is	this a defined benefit plan subject to minimum funding requiremen	ts? (If "Yes	," see instructions and comp	olete S	Schedi	ule SB ((Form			
11a E	500) and line 11a below)nter the unpaid minimum required contribution for current year from	Cohod 1	CD /F 5500) !!			·········		∐ Y	es X	No
12 Is	s this a defined contribution plan subject to the arrival of the	. Schedule	SB (Form 5500) line 39			11a				
(If	s this a defined contribution plan subject to the minimum funding red "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as	annlicable	1						es X	No
a If a	a waiver of the minimum funding standard for a prior year is being a anting the waiver.	amortizod i	this plan was :	ions, a	and er	nter the Day	date of th	e letter rear	ruling	

Form 5500-SF 2014	Page 3 - 1
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 5500), and skip to line 13
b Enter the minimum required contribution for this plan year	12b
C Enter the amount contributed by the employer to the plan for this plan year.	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	Contor a minus sign to the L. C. S.
e Will the minimum funding amount reported on line 12d be met by the funding	g deadline?
The second and transfers of Assets	
13a Has a resolution to terminate the plan been adopted in any plan year?	Yes X No
If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year
b Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?	od to continue of
C If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), identify the plan(s) to
13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) PN(s)
	13c(2) EIN(s) 13c(3) PN(s)
Part VIII Trust Information (optional)	
14a Name of trust	
The state of the s	14b Trust's EIN



OMB Clearance No.: 1545-1610

In reply refer to: 0423488309 Apr. 11, 2019 LTR 1074C 1 45-5241577 201512 74 001 00018120

BODC: TE

____ MEDIMOBILE LLC ___ PO BOX 2316 GANSEVOORT NY 12831-5316

Employer Identification Number: 45-5241577

Name of Plan: Medimobile LLC 401K Profit Sharing

Plan Trust

Plan Number: 001

Plan Year Ended: Dec. 31, 2015

Dear Taxpayer:

Thank you for your response dated Feb. 26, 2019.

We received a copy of the "Final" return identified above along with your response indicating you have previously filed this return. We have researched your account and find we have no record of this filing. Your Form 5500-SF, Short Form Annual Return/Report of Small Employee Benefit Plan is being returned because it cannot be processed by the Internal Revenue Service.

You must electronically file with the Department of Labor. You may file online using the EFAST2 web-based filing system, or you may file through an EFAST2 approved vendor. Detailed information on electronic filing is available at www.efast.dol.gov.

For telephone assistance, call the EFAST2 Help Line at 1-866-463-3278 Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include a copy of this letter and, in the spaces below, write your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone	Number	()	Hours
-----------	--------	---	---	-------

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

MEDIMOBILE LLC 737 2ND AVE TROY NY 12182



INTERNAL MEYENNE SERVINGS OCTOEN UT 84201-6018 7017 1450 0001 9183 8021



U.S. POSTAGE \$4.15 0000 55 FCMF 0000 FD 02/26/19 00 FD 11082285 06

A MODEL WILDOW LONDON