No. <b>W 135906</b>		later than Mar 31, 2018	2. Registered Agent and Address (NO PO BOX)				
Return to:	Anr	Annual Report Form		KIMBERLY K PALMER, LM CPM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	HAZELTREE MIDWII KIMBERLY K PALM 6456 W KAMLOOPS	1. Mailing Address: Correct in this box if needs HAZELTREE MIDWIFERY PLLC KIMBERLY K PALMER, LM CPM 6456 W KAMLOOPS DR RATHDRUM ID 83858		6456 W KAMLOOPS DR RATHDRUM ID 83858  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Addresses of a	at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER KIMBER	LY KAY PALMER, LM CPM	6456 W. KAMLOOPS DR.	RATHDRUM	ID	USA	83858	
5. Organized Under the Laws of: 6. Annual Report must be		t be signed.*					
ID	ID Signature: KPalmer LM CPM		Date: 03/20/2018				
W 135906	Name (type or prin	Name (type or print): KPalmer LM CPM		Title: Owner			
Processed 03/20/2018	* Electronically provide	* Electronically provided signatures are accepted as original signatures.					