

No. W 120962		Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017		2. Registered Agent and Office (NOT A P.O. BOX) NANCY LAMM 1638 W. APGAR CREEK DR MERIDIAN ID 83646-8364	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PERSONALIZED PATIENT CARE, LLC NANCY E LAMM 1638 W. APGAR CREEK DR MERIDIAN ID 83646			
REINSTATEMENT FEE DUE: \$30.00				3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member		Name		Street or PO Address City State Country Postal Code	
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Nancy Lamm		1638 W. Appgar Creek Dr Meridian, ID 83646	
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Justin Lamm		"	
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.			
IDAHO W 120962		Signature: <u>Nancy Lamm</u>		Date: <u>1-23-18</u>	
		Name (type or print): <u>Nancy Lamm</u>		Title: <u>Owner/Manager</u>	
Issued 01/23/2018 by JLI					