

No. W 73699		Due no later than Apr 30, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		TIFFANY WELLS 709 N KEROGEN PL KUNA ID 83634			
		1. Mailing Address: Correct in this box if needed. IDAHO NURSE CONSULTING, LLC TIFFANY WELLS PO BOX 191 MERIDIAN ID 83680 USA		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	TIFFANY WELLS	PO BOX 191	MERIDIAN	ID	USA	83680	
5. Organized Under the Laws of: ID W 73699		6. Annual Report must be signed.* Signature: Tiffany Wells Name (type or print): Tiffany Wells Date: 05/16/2010 Title: Ceo					
Processed 05/16/2010		* Electronically provided signatures are accepted as original signatures.					