

No. W 56146		Due no later than Nov 30, 2015		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 1. Mailing Address: Correct in this box if needed. 3PEAKS HEALTHCARE CONSULTING LLC ROBERT C HARDING 2503 HAROLD DR. IDAHO FALLS ID 83402		ROBERT C HARDING 2503 HAROLD DR. 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
MEMBER	ROBERT C HARDING	2503 HAROLD DR.	IDAHO FALLS	ID	83402
5. Organized Under the Laws of: ID W 56146		6. Annual Report must be signed.* Signature: Robert Harding Name (type or print): Robert Harding Date: 09/23/2015 Title: Member			
Processed 09/23/2015		* Electronically provided signatures are accepted as original signatures.			