

No. <b>W 56146</b>	<b>Due no later than Nov 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		ROBERT C HARDING 2503 HAROLD DR. IDAHO FALLS ID 83402			
	3PEAKS HEALTHCARE CONSULTING LLC 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:  <b>ID W 56146</b>		6. Annual Report must be signed.* Signature: Robert Harding Name (type or print): Robert Harding		Date: 11/07/2016 Title: Member		
Processed 11/07/2016		* Electronically provided signatures are accepted as original signatures.				