

No. W 53429	Due no later than Aug 31, 2014 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. HEALTH & WELLNESS SLEEP INSTITUTE OF POCATELLO, LLC BRENDA EKSTROM 1553 E CENTER ST POCATELLO ID 83201	ERIC OLSEN 201 E CENTER ST POCATELLO ID 83204	
		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	DARON SCHERR	268 SPRINGWOOD LN	IDAHO FALLS ID USA 83404
MANAGER	LESLIE EDMO	9205 W ABBY	POCATELLO ID USA 83204
MANAGER	HELENE POULOS EDMO	9205 W ABBY	POCATELLO ID USA 83204
MANAGER	DAVID E RICE	2277 CLINTON LN	POCATELLO ID USA 83204
MANAGER	SUSAN SHERR	268 SPRINGWOOD	IDAHO FALLS ID USA 83404
MANAGER	CYNTHIA M RICE	2277 CLINTON LN	POCATELLO ID USA 83204
5. Organized Under the Laws of: ID W 53429	6. Annual Report must be signed.* Signature: Brenda Ekstrom Name (type or print): Brenda Ekstrom		Date: 09/03/2014 Title: Book Keeper
Processed 09/03/2014		* Electronically provided signatures are accepted as original signatures.	