

No. W 159473		Due no later than Dec 31, 2016		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. ADVENTURE MEDICAL STAFFING PLLC ANGELA L SLEIGHT 13500 NORTH HAWTHORNE RD POCATELLO ID 83202		ANGELA L SLEIGHT 13500 NORTH HAWTHORNE RD POCATELLO ID 83202			
				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	ANGELA L SLEIGHT	13500 N HAWTHORNE RD	POCATELLO	ID	USA	83202	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 159473		Signature: Angela Sleight				Date: 03/08/2017	
		Name (type or print): Angela Sleight				Title: Owner, Agent	
Processed 03/08/2017		* Electronically provided signatures are accepted as original signatures.					