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| No. W 71728 | | Due no later than Feb 29, 2012 | | 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. INFECTION PREVENTION & CONTROL CONSULTANTS, LLC PAMELA G O'CONNOR 17 MESA VISTA DR BOISE ID 83705 USA | | PAMELA G LEWIS OCONNOR 17 MESA VISTA DR BOISE ID 83705 | |
| | | | | 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 | PAMELA G OCONNOR | 17 MESA VISTA DR | BOISE | ID | USA 83705 |
| 5. Organized Under the Laws of: ID W 71728 | | 6. Annual Report must be signed.* Signature: Pamela G. O'Connor Name (type or print): Pamela G. O'Connor Date: 01/07/2012 Title: Nurse Manager | | | |
| Processed 01/07/2012 | | * Electronically provided signatures are accepted as original signatures. | | | |