No. C 169505	Due no later than Oct 31, 2017		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	Annual Report Form 1. Mailing Address: Correct in this box if needed. SLEEP SOLUTIONS, INC. MICHAEL WALDRON PO BOX 5732 TWIN FALLS ID 83303-5732		MICHAEL G WALDRON 2330 JULIE LANE TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
4 Corporations: Enter Names and Bu	iness Addresses of President, Secretary, ar	nd Directors Treasurer (ontional)				
Office Held Name	Street or PO A	10.00	City	State	Country	Postal Code	
TREASURER BLAKE BE SECRETARY MICHAEL PRESIDENT MICHAEL	WALDRON 578 BLUE LAKE	S BLVD N.	TWIN FALLS TWIN FALLS TWIN FALLS	ID ID ID	USA USA USA	83301 83301 83301	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: Michael Waldron		Date: 08/30/2017				
C 169505	Name (type or print): Michael Waldro): Michael Waldron			Title: President		
Processed 08/30/2017	* Electronically provided signatures are accepted as original signatures.						