

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 01-04-1995

No. 997	Idaho Limited Liability Company Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 30, 1995	JEFFREY STIEGLITZ 2962 TIPPERARY LANE
	1 Mailing Address -- Please Correct If Not Correct	
	COMMUNITY INJURY CENTER, P.L.L. JEFFREY STIEGLITZ 2962 TIPPERARY LANE	IDAHO FALLS ID 83404
IDAHO FALLS ID 83404	3. Organized Under The Laws of ID	NO: 997

4. Names and Addresses of ☒ Managers or ☐ Members (check one)	MUST BE PRINTED OR TYPED																									
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Jeffrey Stieglitz</td> <td>2962 Tipperary</td> <td>Idaho Falls, ID</td> <td></td> <td>83403</td> </tr> <tr> <td>Joseph Anderson</td> <td>5400 East Hacienda</td> <td>Idaho Falls, ID</td> <td></td> <td>83406</td> </tr> <tr> <td>Scott Packer</td> <td>997 Bluebird Pl.</td> <td>Idaho Falls, ID</td> <td></td> <td>83402</td> </tr> <tr> <td>Thomas Thompson</td> <td>4877 East 150 North</td> <td>Rigby, ID</td> <td></td> <td>83442</td> </tr> </tbody> </table>	Name	Street or P.O. Address	City	State	Zip	Jeffrey Stieglitz	2962 Tipperary	Idaho Falls, ID		83403	Joseph Anderson	5400 East Hacienda	Idaho Falls, ID		83406	Scott Packer	997 Bluebird Pl.	Idaho Falls, ID		83402	Thomas Thompson	4877 East 150 North	Rigby, ID		83442	
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5. Signature of the Current Registered Agent (if changed in block 2) _____	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Jeffrey Stieglitz</u> Date <u>10-22-95</u> Name (Typed or Printed) <u>J. Stieglitz</u>
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