

No. <b>W 111055</b>	<b>Due no later than Feb 28, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> INNOVATION HEALTH SERVICES, PLLC LESLIE KELLY-MAJORS 261 SKYLARK DR BOISE ID 83702		LESLIE KELLY-MAJORS 261 SKYLARK DR BOISE 83702			
			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	LESLIE S. KELLY-MAJORS	261 SKYLARK DR.	BOISE	ID	USA	83702
5. Organized Under the Laws of:  <b>ID</b> <b>W 111055</b>		6. Annual Report must be signed.* Signature: Leslie Kelly-Majors Name (type or print): Leslie Kelly-Majors Date: 01/04/2015 Title: Owner/Manager				
Processed 01/04/2015		* Electronically provided signatures are accepted as original signatures.				