No. W 155321		Due no later than Aug 31, 2017		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. HEALTH & WELLNESS SLEEP INSTITUTE, PLLC (THE) ZACHARY D RICE 1553 E CENTER POCATELLO ID 83201		1553 E CI POCATEL	ZACHARY D RICE 1553 E CENTER POCATELLO ID 83201 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
20 90 0		nes and Addresse	s of at least one Member or Manager.					
	me	11 OC FD140	Street or PO Address	City	State	Country	Postal Code	
	HELENE POULOS-EDMO CYNTHIA M. RICE		9205 W ABBY RD 2277 CLINTON LN	POCATELLO POCATELLO		USA USA	83204 83204	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 155321		Signature: Zad		Date: 07/17/2017				
		Name (type or		Title: Manager				
Processed 07/17/2017	* Electronically provided signatures are accepted as original signatures.							