No. **W 124284**	**Due no later than Apr 30, 2017** **Annual Report Form**	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.** CROSLAND HEALTH CARE CONSULTING PLLC LARON R CROSLAND 2217 W WINDCHIME DR MERIDIAN ID 83646	LARON R CROSLAND 2217 W WINDCHIME DR MERIDIAN ID 83646 3. New 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	MIQUELLE R CROSLAND	2217 W WINDCHIME DRIVE	MERIDIAN	ID	USA	83646

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 124284**	Signature: Laron Crosland	Date: 03/15/2017
	Name (type or print): Laron Crosland	Title: Owner

Processed 03/15/2017

* Electronically provided signatures are accepted as original signatures.