No. W 37779			Due no later than Mar 31, 2015		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. ILLUSI NURSING L.L.C. MICHAEL L CROCKETT 5111 WHITAKER RD CHUBBUCK ID 83202 USA		5111 W CHUBBI	MICHAEL LYNN CROCKETT 5111 WHITAKER RD CHUBBUCK 83202 3. New Registered Agent Signature:*			
RECEIVED BY I	DUE DATE		of at least one Member or Manager.					
Office Held	Name	Names and Addresses t	Street or PO Address	City	State	Country	Postal Code	
MANAGER	MICHAEL	LYNN CROCKETT	5111 WHITAKER RD	CHUBBUC		USA	83202	
5. Organized Under the Laws of:		6. Annual Report m	6. Annual Report must be signed.*					
ID W 37779		Signature: Micha	Signature: Michael Crockett		Date: 03/15/2015			
		Name (type or p	Name (type or print): Michael Crockett		Title: Manager			
Processed 03/15/2015		* Electronically prov	ided signatures are accepted as origir	nal signatures.				