

No. <b>W 136184</b>		Due no later than Apr 30, 2015		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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> MT. HARRISON AUDIOLOGY AND HEARING AIDS, LLC CHRISTINE W PICKUP 1218 9TH ST UNIT 2 RUPERT ID 83350		UNITED STATES CORPORATION AGEN 950 BANNOCK ST STE 1100 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
MANAGER	CHRISTINE WILCOX PICKUP	326 EAST 200 SOUTH	BURLEY	ID	USA 83318
5. Organized Under the Laws of:  <b>ID W 136184</b>		6. Annual Report must be signed.* Signature: Christine W. Pickup Name (type or print): Christine W. Pickup Date: 02/23/2015 Title: Manager			
Processed 02/23/2015		* Electronically provided signatures are accepted as original signatures.			