No. C 187302		Due no later than May 31, 2018	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. QUALITY SLEEP ANESTHESIA PC GREG D NEBEKER 6220 PARTRIDGE WAY AMMON ID 83406	6220 PARTI AMMON ID	GREG D NEBEKER 6220 PARTRIDGE WAY AMMON ID 83406 3. New Registered Agent Signature:*		
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	JILL NEBEKEI	R 6220 PARTRIDGE WAY	AMMON	ID	USA	83406
5. Organized Under the Laws of:		6. Annual Report must be signed.* Signature: Greg d Nebeker	Date: 04/11/2018			
ID C 187302		Name (type or print): Greg d Nebeker	Title: President			
Processed 04/11/2018 * Electronically provided signatures are accepted as original signatures.						