

No. W 25317		Due no later than Jul 31, 2014 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		1. Mailing Address: Correct in this box if needed. ST. LUKE'S MAGIC VALLEY SLEEP INSTITUTE, L.L.C. BRIAN FORTUIN PO BOX 1293 TWIN FALLS ID 83303-1293 USA		BRIAN FORTUIN 775 POLELINE ROAD W, SUITE 302 TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	RICHARD HAMMOND	PO BOX 1293	TWIN FALLS	ID	USA	83301	
MEMBER	BRIAN FORTUIN	775 POLELINE ROAD W, SUITE 302	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 25317		6. Annual Report must be signed.* Signature: John Coleman Name (type or print): John Coleman					
		Date: 07/10/2014 Title: Agent					
Processed 07/10/2014 * Electronically provided signatures are accepted as original signatures.							