

No. W 46504		Due no later than Jan 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO SLEEP AND NEUROLOGY, PLLC WADE S HARRIS 1825 S KIMBALL AVE CALDWELL ID 83605		WADE S HARRIS 1825 S. KIMBALL AVE CALDWELL ID 83605-8360	
				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	WADE S HARRIS	1825 S. KIMBALL AVE	CALDWELL	ID	83605
5. Organized Under the Laws of: ID W 46504		6. Annual Report must be signed.* Signature: L H Sharp Name (type or print): L H Sharp Date: 03/02/2016 Title: Accountant			
Processed 03/02/2016		* Electronically provided signatures are accepted as original signatures.			