No. W 156625		Due no later than Sep 30, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		STEVEN S CRUMP				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CRUMP ENTER	RUMP ALD ST STE 102	6363 W EMERALD ST STE 102 BOISE ID 83704-8370 3. New Registered Agent Signature:*					
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter	Names and Addresse	es of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MANAGER STEVEN S CRUMP		6363 W EMERALD ST STE 102	BOISE	ID	USA	83704		
5. Organized Under the Laws of: 6. Annual Report must be signed.*		t must be signed.*						
ID Signature: Ke		/ Maino Date: 09/29/2016						
W 156625	Name (type o	Name (type or print): Kerry Maino		Title: Treatment Coordinator				
Processed 09/29/2016	* Electronically p	* Electronically provided signatures are accepted as original signatures.						