

No. W 85546		Due no later than Jul 31, 2013		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		SHARON L SIMLER 110 N FRONT RD KAMIAH ID 83536			
		1. Mailing Address: Correct in this box if needed. ONLINE ACLS CERTIFICATION, LLC SHARON L SIMLER PO BOX 213 KOOSKIA ID 83539		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	SHARON L SIMLER	PO BOX 213	KOOSKIA	ID	USA	83539	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 85546		Signature: Sherry Simler			Date: 06/06/2013		
		Name (type or print): Sherry Simler			Title: Manager		
Processed 06/06/2013		* Electronically provided signatures are accepted as original signatures.					