No. **W 98539**	**Due no later than Dec 31, 2012** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** NURSE PRACTITIONER EXTENDED SERVICES PLLC LAURA M THOMPSON 3082 DARTAGNAN DR POCATELLO ID 83204 USA	LAURA M THOMPSON 3082 DARTAGNAN DR POCATELLO ID 83204 3. New 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	LAURA M THOMPSON	3082 DARTAGNAN DR	POCATELLO	ID	USA	83204

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 98539**	Signature: Laura THompson	Date: 01/17/2013
	Name (type or print): Laura THompson	Title: Manager

Processed 01/17/2013

* Electronically provided signatures are accepted as original signatures.