| No. W 103570 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. LUNDBERG NURSE CONSULTANTS, L.L.C. TANYA LUNDBERG 1085 N. BEACHWOOD PLACE | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|---------------------------------------|------------------------|--|---------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | 1085 N BEA EAGLE ID | TANYA LUNDBERG 1085 N BEACHWOOD PL EAGLE ID 83616 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | of the state of Marshau and Marshau | | | | | |
| The state of the s | | mes and Address | es of at least one Member or Manager. | C:L | Chaha | C | De et el Corde | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | TANYA LUN | DBERG | 1085 N. BEACHWOOD PL | EAGLE | ID | USA | 83616 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Ta | | Date: 03/23/2014 | | | | |
| W 103570 | | Name (type o | | Title: Manager | | | | |
| Processed 03/23/2014 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |