

INSTRUCTIONS ON REVERSE SIDE

ISSUED 4-1-94-1772

No. 514	Idaho Limited Liability Company Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	SHARON ALBRIGHT Judy Harris
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address - Please Correct If Not Correct SOUTHWAY INTERNISTS P.L.L.C. SHARON ALBRIGHT 222 SOUTHWAY LEWISTON ID 83501	222 SOUTHWAY LEWISTON ID 83501 3. Organized Under The Laws of ID NO: 514

4. Names and Addresses of ☐ Managers or ☒ Members (check one)					MUST BE PRINTED OR TYPED				
Name	Street or P.O. Address	City	State	Zip					
Patricia A. Brady	222 Southway	Lewiston	Id	83501					
JANE F. PFLIGER	222 Southway	Lewiston	Id	83501					
BARBARA K. DAVIS	222 Southway	Lewiston	Id	83501					

5. Signature of the Current Registered Agent (if changed in block 2) <u>Judy Harris</u>	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Judy Harris</u> Date <u>7-19-95</u> Name (Typed or Printed) <u>JUDY HARRIS</u>
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