

No. W 60296		Due no later than Mar 31, 2016		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 1. Mailing Address: Correct in this box if needed. ALLIED HEALTHCARE, PLLC STEPHANIE K CALL 3360 S 15TH E IDAHO FALLS ID 83404		AARON NELSON 3360 S 15TH E IDAHO FALLS ID 83404			
				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	AARON NELSON	3360 S 15TH EAST	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID W 60296		6. Annual Report must be signed.* Signature: Aaron Nelson Name (type or print): Aaron Nelson Date: 01/19/2016 Title: Owner					
Processed 01/19/2016		* Electronically provided signatures are accepted as original signatures.					