

No. W 50137		Due no later than Apr 30, 2015 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		1. Mailing Address: Correct in this box if needed. MARGARET LEVERETT R.N.C.N.P. PLLC MARGARET A LEVERETT 2860 CHANNING WAY STE 202 IDAHO FALLS ID 83404 USA		LAURIE BAIRD GAFFNEY 591 PARK AVE STE 201 IDAHO FALLS 83402			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name MARGARET LEVERETT	Street or PO Address 3585 SUN CIRCLE		City IDAHO FALLS	State ID	Country	Postal Code 83404
5. Organized Under the Laws of: ID W 50137		6. Annual Report must be signed.* Signature: MARGARET LEVERETT Name (type or print): MARGARET LEVERETT Date: 02/16/2015 Title: OWNER					
Processed 02/16/2015 * Electronically provided signatures are accepted as original signatures.							