	Due no later than June 30, 2005	2. Registered Agent and Office NO PO BOX
No. W 31615 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address - Correct in this box. if applicable ADVANCED PRACTICE NURSING SOLUTIONS 9561 W LINSTOCK ST BOISE, ID 83704	SHARON A STEPHEN 9561 W LINSTOCK ST BOISE, ID 83704 3. New Registered Agent Signature
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Comp Office held Name Manager Sho Manager Sho	eanies: Enter Names and Addresses of Managers Street or P.O. Address Lyon A. Stephen 9561 W Lart E. Stephen 9561 W	s. <u>City</u> <u>State</u> <u>Zip</u> LINSTOCK St. BOISE ID83. LINSTOCK St. BOISE ID83.
5. Organized Under the Laws o IDAHO W 31615	6. Signature Sharen AS	tephen Date 4/17/05 Title Manager 200506001.129