

No. <b>W 53429</b>		<b>Due no later than Aug 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> HEALTH & WELLNESS SLEEP INSTITUTE OF POCATELLO, LLC BRENDA EKSTROM 1553 E CENTER ST POCATELLO ID 83201		ERIC OLSEN 201 E CENTER ST POCATELLO ID 83204	
				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	DARON SCHERR	268 SPRINGWOOD LN	IDAHO FALLS	ID	83404
MANAGER	LESLIE EDMO	9205 W ABBY	POCATELLO	ID	83204
MANAGER	HELENE POULOS EDMO	9205 W ABBY	POCATELLO	ID	83204
MANAGER	DAVID E RICE	2277 CLINTON LN	POCATELLO	ID	83204
MANAGER	SUSAN E SHERR	268 SPRINGWOOD	IDAHO FALLS	ID	83404
MANAGER	CYNTHIA M RICE	2277 CLINTON LN	POCATELLO	ID	USA 83204
5. Organized Under the Laws of:  <b>ID W 53429</b>		6. Annual Report must be signed.* Signature: Brenda Ekstrom Name (type or print): Brenda Ekstrom  Date: 08/31/2015 Title: Book Keeper			
Processed 08/31/2015		* Electronically provided signatures are accepted as original signatures.			