No. <b>W 88097</b>	Due no later than Nov 30, 2013		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		nual Report Form		DR PAULA M NORDSTROM 408 22ND AVE S NAMPA ID 83651			
SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address: Correct in this box if needed.  DR. PAULA M. NORDSTROM, LLC  DR PAULA M. NORDSTROM  408 22ND AVE S.  NAMPA ID 83651						
PO BOX 83720 BOISE, ID 83720-0080							
			3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
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	
MEMBER PAULA M. NORDSTROM 408		408 22ND AVENUE SOUTH	NAMPA	ID	USA	83651	
5. Organized Under the Laws of:	rganized Under the Laws of:  6. Annual Report must be signed.*						
ID	Signature: Dr. Pau		Date: 10/06/2013				
W 88097	Name (type or prir	Title: Owner					
Processed 10/06/2013	* Electronically provided signatures are accepted as original signatures.						