No. **W 92856**	**Due no later than Apr 30, 2017**	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.** INFECTION PREVENTION CONSULTANTS, LLC LEAH FREDERICK 4385 S BRENTWOOD LN COEUR D ALENE ID 83814-7052 USA	LEAH FREDERICK 4385 S BRENTWOOD LN COEUR D ALENE ID 83814-5072 3. New 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	LEAH W FREDERICK	PO BOX 534	COEUR D ALENE	ID	USA	83816

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 92856**	Signature: Leah Frederick	Date: 03/04/2017
	Name (type or print): Leah Frederick	Title: CEO

Processed 03/04/2017

* Electronically provided signatures are accepted as original signatures.