No. <b>W 25013</b>		Due no later than Jul 31, 2016	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	EVA LAMBSON 175 PARKVIEW POCATELLO ID 83204  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  LAMBSON HEALTH AND SAFETY TRAINING, LLC  EVA L LAMBSON  175 PARKVIEW  POCATELLO ID 83204-4823					
NO FILING FEE IF RECEIVED BY DUE DATE							
200	panies: Enter Nar	nes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER EVA LAMBS		DN 175 PARKVIEW	POCATELLO	ID		83204	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Eva Lambson	Date: 05/23/2016				
W 25013		Name (type or print): Eva Lambson	Title: owner				
Processed 05/23/2016 * Electronically provided signatures are accepted as original signatures.							