No. W 131463		Due no later than Nov 30, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. EVERYTHING CPAP, LLC JILL WEST 1166 N COLE RD SUITE D BOISE ID 83704		2. Registered Agent and Address (NO PO BOX) MARK RASMUS 1166 N COLE RD SUITE D BOISE ID 83704 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Com	panies: Enter Na	nes and Addresses of at least one Mer	mber or Manager.				
Office Held	Name	Street or PC	O Address	City	State	Country	Postal Code
MEMBER	JILL WEST	1166 N COL	E RD SUITE D	BOISE	ID	USA	83704
5. Organized Under the Laws of:		6. Annual Report must be signed.* Signature: Jill West Date: 09/18/2017					
W 131463		Name (type or print): Jill West	Title: Manager				
Processed 09/18/2017 * Electronically provided signatures are accepted as original signatures.							