No. **W 53429**	**Due no later than Aug 31, 2016** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** 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. 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	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	CYNTHIA M RICE	2277 CLINTON LN	POCATELLO	ID	USA	83204

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 53429**	Signature: Brenda Ekstrom	Date: 09/12/2016
	Name (type or print): Brenda Ekstrom	Title: Financial Manager

Processed 09/12/2016

* Electronically provided signatures are accepted as original signatures.