

No. W 114127		Due no later than May 31, 2015 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. COMPLETE HOME HEALTH CODING PLLC JULIE R CHRISTENSEN 1708 POCATELLO CREEK RD POCATELLO ID 83201 USA		JULIE R CHRISTENSEN 1708 POCATELLO CREEK RD POCATELLO 83201			
				3. <u>New</u> 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	JULIE R CHRISTENSEN	1708 POCATELLO CREEK ROAD	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 114127		6. Annual Report must be signed.* Signature: Julie R Christensen Name (type or print): Julie R Christensen Date: 03/25/2015 Title: Manager					
Processed 03/25/2015		* Electronically provided signatures are accepted as original signatures.					