

INSTRUCTIONS ON REVERSE SIDE

No. **W 1939**

Idaho Limited Liability Company Annual Report Form

2. Registered Agent and Office **NOT A P.O. BOX**

Return To

Due No Later Than November 30,

**MICHELLE R FINCH
200 N 5TH ST STE 3
BOISE ID 83702**

REINSTATEMENT
Secretary of State
700 W Jefferson
P.O. Box 83720

1. Mailing Address -- *Please Correct If Not Correct*

**MEDICAL ADMINISTRATION & billing
JONI SULLIVAN
2009 S ROOSEVELT
BOISE ID 83705**

3. Organized Under The Laws of
ID

Forfeited
12/2/96

Fee: **\$10.00**

4. Names and Addresses of Managers or Members (check one)

MUST BE PRINTED OR TYPED

<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Joni Sullivan	2009 S. Roosevelt	Boise	ID	83705
Shawn Healy	2009 S. Roosevelt	Boise	ID	83705

5. Signature of the Current Registered Agent
(if changed in block 2)

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Date

Name (Typed or Printed)

Joni Sullivan