No. <b>W 132469</b>		Due no later than Dec 31, 2017		2	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			STEVEN E BOWEN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  STEVE BOWEN LEGAL NURSE CONSULTING, LLC STEVEN E BOWEN 353 N MAIN ST MALAD CITY ID 83252			353 N MAIN ST MALAD CITY ID 83252  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA							
4. Limited Liability Compar	nies: Enter Nar	mes and Addresse	es of at least one Member or Manager.						
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
MANAGER STEVEN E BOV		BOWEN	353 NORTH MAIN ST		MALAD CITY	ID	USA	83252	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: steven bowen			Date: 02/07/2018				
W 132469		Name (type or print): steven bowen			Title: owner				
Processed 02/07/2018 * Electronically provided signatures are accepted as original signatures.									