No. W 120962		Due no later than Jan 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		NANCY LAMM			
SECRETARY OF STATE 700 WEST JEFFERSON		1. Mailing Address: Correct in this box if needed. PERSONALIZED PATIENT CARE, LLC NANCY E LAMM 1638 W. APGAR CREEK DR MERIDIAN ID 83646		1638 W. APGAR CREEK DR MERIDIAN 83646			
PO BOX 83720 BOISE, ID 83720-0080	NAN						
	MER			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held Name	2	Street or PO Address	City	State	Country	Postal Code	
MANAGER NANCY E LAMM		1638 W. APGAR CREEK DR	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of: 6. A		nual Report must be signed.*					
ID	Sign	nature: Nancy Lamm	Date: 02/24/2015				
W 120962	Nan	ne (type or print): Nancy Lamm	Title: Manager				
Processed 02/24/2015	* Elect	* Electronically provided signatures are accepted as original signatures.					