

No. <b>W 76287</b>		<b>Due no later than Jul 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		ROSE PENWELL CPM 1038 N DAWN DR BOISE ID 83713-8371			
		<b>1. Mailing Address: Correct in this box if needed.</b> NATURAL ALTERNATIVE MIDWIFERY PRACTICE LLC (THE) ROSE E PENWELL 1038 N DAWN DR BOISE ID 83713		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	ROSE E PENWELL	1038 N. DAWN DR.	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 76287</b>		Signature: Rose Penwell				Date: 06/03/2015	
		Name (type or print): Rose Penwell				Title: Manager	
Processed 06/03/2015		* Electronically provided signatures are accepted as original signatures.					