| No. W 181051 | Due no later than Apr 30, 2018 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|---------------------------------------|-------------------------|---|---------|-------------|--|
| Return to: | Annual Report Form | | | CHRISTIE A JOHNSON | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. FIRST CHOICE LEGAL NURSE CONSULTING, LLC CHRISTIE A JOHNSON 2165 N HILLSIDE LN | | | 2165 N HILLSIDE LN POCATELLO ID 83204 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | POCATELLO | POCATELLO ID 63204 | | | |
| | POCATELLO ID 83204 | | 3. <u>New</u> Registere | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Enter Na | mes and Address | es of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER CHRISTIE A | JOHNSON | 2165 N HILLSIDE LN | POCATELLO | ID | USA | 83204 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | | |
| ID | Signature: Ch | nristie A Johnson | | Date: 02/27/2018 | | | |
| W 181051 Name (type or print): Christie A J | | or print): Christie A Johnson | | Title: owner | | | |
| Processed 02/27/2018 | * Electronically provided signatures are accepted as original signatures. | | | | | | |