

No. W 114037	Due no later than May 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		CATHLEEN LEAMY 4915 W CAMAS BOISE ID 83705			
	CAMAS PROFESSIONAL OFFICES, LLC CATHLEEN A LEAMY 4915 W CAMAS BOISE ID 83705		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	CATHLEEN A LEAMY	4915 W CAMAS	BOISE	ID	USA	83705
5. Organized Under the Laws of: ID W 114037	6. Annual Report must be signed.* Signature: Cathleen A Leamy Name (type or print): Cathleen A Leamy		Date: 07/05/2016 Title: Owner			
Processed 07/05/2016		* Electronically provided signatures are accepted as original signatures.				