

|  |               |  |       |   |         |             |  |
|--|---------------|--|-------|---|---------|-------------|--|
| No. <b>W 86197</b>   |               | <b>Due no later than Aug 31, 2015</b>  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b>  |       | MEGAN KIRSCH<br>9450 W LYLE ST<br>BOISE ID 83709-8370 |         |             |  |
|  |               | <b>1. Mailing Address: Correct in this box if needed.</b><br>COMPASSION MIDWIFERY LLC<br>MEGAN C KIRSCH<br>9450 W LYLE ST<br>BOISE ID 83709<br>USA |       | 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 |  |
| MEMBER   | ANDY G KIRSCH | 9450 W. LYLE ST  | BOISE | ID  | USA     | 83709       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 86197</b>   |               | 6. Annual Report must be signed.*<br>Signature: Megan Kirsch<br>Name (type or print): Megan Kirsch<br>Date: 08/22/2015<br>Title: Owner             |       |   |         |             |  |
| Processed 08/22/2015   |               | * Electronically provided signatures are accepted as original signatures.  |       |   |         |             |  |