No. W 104309		Due no later than Jun 30, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. INTERMOUNTAIN DISABILITY ADVOCATES LLC MICHAEL H HINMAN 482 CONSTITUTION WAY STE. 319 IDAHO FALLS ID 83402		MICHAEL H HINMAN 651 J ST IDAHO FALLS ID 83402 3. New Registered Agent Signature:*											
								4. Limited Liability Com	panies: Enter Na	mes and Addresse	es of at least one Member or Manager.				
								Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	MICHAEL H	HINMAN	482 CONSTITUTION WAY STE. 115	IDAHO FALLS	ID	USA	83402								
5. Organized Under the Laws of:		6. Annual Repor													
ID W 104309		Signature: Michael H Hinman		Date: 04/25/2016											
		Name (type o	Title: Owner												
Processed 04/25/2016		* Electronically p	rovided signatures are accepted as original sig	natures.											