

No. W 53429		Due no later than Aug 31, 2017		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. HEALTH & WELLNESS SLEEP INSTITUTE OF POCATELLO, LLC BRENDA EKSTROM 1553 E CENTER ST POCATELLO ID 83201		ERIC OLSEN 201 E CENTER ST POCATELLO ID 83204	
				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	LESLIE EDMO	9205 W ABBY	POCATELLO	ID	83204
MANAGER	HELENE POULOS EDMO	9205 W ABBY	POCATELLO	ID	83204
MANAGER	DAVID E RICE	2277 CLINTON LN	POCATELLO	ID	83204
MANAGER	CYNTHIA M RICE	2277 CLINTON LN	POCATELLO	ID	USA 83204
5. Organized Under the Laws of: ID W 53429		6. Annual Report must be signed.* Signature: Brenda Ekstrom Name (type or print): Brenda Ekstrom Date: 09/11/2017 Title: Book Keeper			
Processed 09/11/2017		* Electronically provided signatures are accepted as original signatures.			