No. **W 127324**	**Due no later than Jul 31, 2014** **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.** POST FALLS HEARING AID CENTER, LLC. CINDI KOLLER 780 N CECIL RD STE 103 POST FALLS ID 83854	KRISTI A MURPHY 780 N CECIL RD STE 103 POST FALLS ID 83854 3. New 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	KRISTI ANN MURPHY	780 N CECIL RD, STE 103	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 127324**	Signature: Kristi Murphy Name (type or print): Kristi Murphy	Date: 05/21/2014 Title: Owner

Processed 05/21/2014

* Electronically provided signatures are accepted as original signatures.