No. **C 106536**	**Due no later than Jun 30, 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.** IDAHO DIAGNOSTIC SLEEP LAB, INC. SHADRIC L MILLER 452 CHENEY DR W 170 TWIN FALLS ID 83301	SHADRIC L MILLER 452 CHENEY DR W STE 170 TWIN FALLS ID 83301 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	SHADRIC L MILLER	452 CHENEY DR W STE 170	TWIN FALLS	ID	USA	83301
SECRETARY	SHADRIC L MILLER	452 CHENEY DR W STE 170	TWIN FALLS	ID	USA	83301
DIRECTOR	SHADRIC L MILLER	452 CHENEY DR W STE 170	TWIN FALLS	ID	USA	83301
TREASURER	SHADRIC L MILLER	452 CHENEY DR W STE 170	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 106536**	Signature: Shadric L Miller	Date: 06/01/2016
	Name (type or print): Shadric L Miller	Title: President
Processed 06/01/2016	* Electronically provided signatures are accepted as original signatures.	