

No. W 116662	Due no later than Aug 31, 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.		JANET GARLAND 5843 E MIDDLE FORK RD IDAHO FALLS ID 83406			
	SOUTHEAST IDAHO NURSE PRACTITIONERS LLC JANET GARLAND 5843 E MIDDLE FORK RD IDAHO FALLS ID 83406		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	JANET GARLAND	5843 E. MIDDLE FORK RD	IDAHO FALLS	ID	USA	83406
5. Organized Under the Laws of: ID W 116662	6. Annual Report must be signed.*					
		Signature: Janet Garland	Date: 07/10/2016			
		Name (type or print): Janet Garland	Title: manager			
Processed 07/10/2016		* Electronically provided signatures are accepted as original signatures.				