No. C 208853	Due	Due no later than Feb 28, 2018			2. Registered Agent and Address (NO PO BOX)			
Return to:	<i>i</i>	Annual Report Form		DENISE DRIVER 2323 W SHERMAN AVE				
SECRETARY OF STATE	1. Mailing Ad	1. Mailing Address: Correct in this box if needed. SCHOOL NURSE ORGANIZATION OF IDAHO, INC. SCHOOL NURSE ORGANIZATION OF IDAHO 3870 S SHIMMERING WAY MERIDIAN ID 83642						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SCHOOL NURSE 3870 S SHIMME			NAMPA ID 83686-8371 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	TIENDEN ID	050 12		, , , , , , , , , , , , , , , , , , ,				
4. Corporations: Enter Names and	Business Addresses of P	resident, Secretary, and Directors. Treasu	ırer (optional).					
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
DIRECTOR SAMANTHA CONGDON		2229 W WAPOOT DR	MERIDIAN	ID	USA	83646		
SECRETARY KORI HIBBARD		6309 W YORK ST	BOISE	ID	USA	83704		
PRESIDENT LEANN	IE BULLAMORE	2653 S EVERGREEN LANE	COEUR D ALENE	ID	USA	83814		
5. Organized Under the Laws of:	6. Annual Report	6. Annual Report must be signed.*						
по	Signature: SAN	Signature: SAMANTHA CONGDON			Date: 02/21/2018			
C 208853	Name (type or	Name (type or print): SAMANTHA CONGDON		Title: DIRECTOR				
Processed 02/21/2018	* Electronically pro	* Electronically provided signatures are accepted as original signatures.						