

No. W 78616	Due no later than Oct 31, 2012 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.		SHANNON JENKINS 3270 E 17TH ST #207 IDAHO FALLS ID 83406			
	NEONATAL ASSOCIATES, PLLC SHANNON JENKINS 3270 E 17TH ST #207 AMMON 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	SHANNON L JENKINS	3270 E 17TH STREET #207	Ammon	ID	USA	83406-8340
5. Organized Under the Laws of: ID W 78616		6. Annual Report must be signed.* Signature: Shannon Jenkins Name (type or print): Shannon Jenkins		Date: 09/10/2012 Title: Manager		
Processed 09/10/2012		* Electronically provided signatures are accepted as original signatures.				