

No. W 95754		Due no later than Aug 31, 2015 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. JAMI D. PIFER, LLC JAMI D PIFER 1720 N LAUREL ST BOISE ID 83706-1744		JAMI D PIFER 1720 N LAUREL ST BOISE ID 83706-1744			
				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	
MEMBER	JAMI D PIFER	1720 N LAUREL ST	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID W 95754		6. Annual Report must be signed.* Signature: Jami D Pifer Name (type or print): Jami D Pifer Date: 10/21/2015 Title: Speech Language Pathologist					
Processed 10/21/2015		* Electronically provided signatures are accepted as original signatures.					