

No. <b>W 142585</b>		<b>Due no later than Sep 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SLEEP WELLNESS CENTER LLC ROBERT J AUSTIN 1299 BLUEBERRY TRAIL BLACKFOOT ID 83221		ROBERT J AUSTIN 1299 BLUEBERRY TRAIL BLACKFOOT ID 83221			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	JADI AUSTIN	1299 BLUEBERRY TRAIL		BLACKFOOT	ID	USA	83221
MEMBER	ROBERT AUSTIN	1299 BLUEBERRY TRAIL		BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:  <b>ID</b> <b>W 142585</b>		6. Annual Report must be signed.*  Signature: Robert Austin Name (type or print): Robert Austin					
		Date: 10/13/2015 Title: Manager					
Processed 10/13/2015      * Electronically provided signatures are accepted as original signatures.							