

No. W 142585		Due no later than Sep 30, 2015		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. SLEEP WELLNESS CENTER LLC ROBERT J AUSTIN 1299 BLUEBERRY TRAIL BLACKFOOT ID 83221		ROBERT J AUSTIN 1299 BLUEBERRY TRAIL BLACKFOOT ID 83221			
				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: ID W 142585		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.					