

No. <b>W 53339</b>		Due no later than Aug 31, 2015 <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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> IDAHO SLEEP SERVICES LLC. 215 E HAWAII AVE NAMPA ID 83686		WILLIAM E SAVAGE 7272 W POTOMAC DRIVE BOISE ID 83704	
				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	SALTZER MEDICAL GROUP PA	215 E HAWAII AVE	NAMPA	ID	83683
5. Organized Under the Laws of:  <b>ID W 53339</b>		6. Annual Report must be signed.* Signature: Kathy Maggard Name (type or print): Kathy Maggard Date: 08/31/2015 Title: Bookkeeper			
Processed 08/31/2015		* Electronically provided signatures are accepted as original signatures.			