

No. W 53429		Due no later than Aug 31, 2018		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. HEALTH & WELLNESS SLEEP INSTITUTE OF POCATELLO, LLC JAKE ERICKSON 98 POPLAR ST BLACKFOOT ID 83221		ERIC OLSEN 201 E CENTER ST POCATELLO ID 83204	
				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	JAKE ERICKSON	98 POPLAR ST	BLACKFOOT	ID	USA 83221
5. Organized Under the Laws of: ID W 53429		6. Annual Report must be signed.* Signature: Jake Erickson Name (type or print): Jake Erickson Date: 07/24/2018 Title: Manager			
Processed 07/24/2018		* Electronically provided signatures are accepted as original signatures.			