

No. W 46504	Due no later than Jan 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.		WADE S HARRIS 1825 S. KIMBALL AVE CALDWELL 83605-8360			
	IDAHO SLEEP AND NEUROLOGY, PLLC WADE S HARRIS 1825 S KIMBALL AVE CALDWELL ID 83605		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	WADE S HARRIS	1825 S. KIMBALL AVE	CALDWELL	ID		83605
5. Organized Under the Laws of: ID W 46504		6. Annual Report must be signed.* Signature: Wade S. Harris Name (type or print): Wade S. Harris		Date: 11/19/2014 Title: MD		
Processed 11/19/2014		* Electronically provided signatures are accepted as original signatures.				