

No. W 25317		Due no later than Jul 31, 2017		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		Annual Report Form		BRIAN FORTUIN 775 POLELINE ROAD W, SUITE 302 TWIN FALLS ID 83301			
		1. Mailing Address: Correct in this box if needed. ST. LUKE'S MAGIC VALLEY SLEEP INSTITUTE, L.L.C. BRIAN FORTUIN FORTUIN 775 POLE TWIN FALLS ID 83301-1293		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	RICHARD HAMMOND	PO BOX 1293	TWIN FALLS	ID	USA	83303	
MEMBER	BRIAN FORTUIN	PO BOX 1293	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 25317		Signature: Brian Fortuin			Date: 05/17/2017		
		Name (type or print): Brian Fortuin			Title: Member		
Processed 05/17/2017		* Electronically provided signatures are accepted as original signatures.					