No. <b>W 36347</b>		Due no later than Jan 31, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ISMI LEASING, LLC CHERYL R GLEASON 1188 UNIVERSITY DR BOISE ID 83706		2. Registered Agent and Address (NO PO BOX)  MICHAEL J GUSTAVEL  1188 UNIVERSITY DR  BOISE ID 83706  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	nies: Enter Nar	nes and Addresses of	f at least one Member or Manager.	'			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER	KIRK J LEWIS MD		1188 UNIVERSITY DR	BOISE	ID		83706
MEMBER	MICHAEL J GUSTAVEL MD		1188 UNIVERSITY DR	BOISE	ID		83706
MEMBER			1188 UNIVERSITY DR	BOISE	ID		83706
MEMBER JENNIFER R		MILLER	1188 UNIVERSITY DRIVE	BOISE	ID	USA	83706
MEMBER	CHERYL R G	GLEASON	1188 UNIVERSITY DR	BOISE	ID	USA	83706
5. Organized Under the Laws of: 6. A		6. Annual Report must be signed.*					
ID W 36347		Signature: Cheryl R Gleason		Date: 11/17/2015			
		Name (type or print): Cheryl R Gleason		Title: Administrator			
Processed 11/17/2015	* Electronically provided signatures are accepted as original signatures.						