No. W 135906		Due no later than Mar 31, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KIMBERLY K PALMER, LM CPM 6456 W KAMLOOPS DR RATHDRUM 83858 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HAZELTREE MIDWIFERY PLLC KIMBERLY K PALMER, LM CPM 6456 W KAMLOOPS DR RATHDRUM ID 83858		RATHDRUM				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held N	ame		Street or PO Address	City	State	Country	Postal Code	
MEMBER KI	IMBERLY K	AY PALMER, LM CPM	6456 W. KAMLOOPS DR.	RATHDRUM	ID	USA	83858	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kimberly		Date: 03/13/2015				
W 135906		Name (type or print)		Title: Owner				
Processed 03/13/2015 * Electronically provided signatures are accepted as original signatures.								