

No. W 114037	Due no later than May 31, 2018 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. CAMAS PROFESSIONAL OFFICES, LLC CATHLEEN A LEAMY 4915 W CAMAS BOISE ID 83705	CATHLEEN LEAMY 4915 W CAMAS BOISE ID 83705	
		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	CATHLEEN A LEAMY	4915 W CAMAS	BOISE ID USA 83705
5. Organized Under the Laws of: ID W 114037	6. Annual Report must be signed.* Signature: Cathleen Leamy Name (type or print): Cathleen Leamy		Date: 06/22/2018 Title: Owner
Processed 06/22/2018		* Electronically provided signatures are accepted as original signatures.	