

No. <b>W 132881</b>		<b>Due no later than Jan 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> NURSE RESIDENCY PARTNERSHIP, LLC (THE) JIM HANSEN 3581 E 1ST AVE POST FALLS ID 83854		JIM HANSEN 3581 E 1ST AVE POST FALLS 83854-8385			
				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	JIM HANSEN	3581 E 1ST AVE	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:  <b>ID W 132881</b>		6. Annual Report must be signed.* Signature: Jim Hansen Name (type or print): Jim Hansen Date: 01/15/2015 Title: Executive					
Processed 01/15/2015		* Electronically provided signatures are accepted as original signatures.					