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| No. W 52588 | | Due no later than Jul 31, 2013 | | 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 1. Mailing Address: Correct in this box if needed. CONFLUENCE SLEEP & PULMONARY, LLC LUKE A PLUTO 307 ST JOHNS WAY STE 16 LEWISTON ID 83501-2435 | | LUKE A PLUTO 307 ST JOHNS WAY STE 16 LEWISTON ID 83501-2435 | |
| | | | | 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 | LUKE A PLUTO | 307 ST JOHNS WAY STE 16 | LEWISTON | ID | USA 83501 |
| 5. Organized Under the Laws of: ID W 52588 | | 6. Annual Report must be signed.* Signature: Luke A Pluto Name (type or print): Luke A Pluto Date: 05/16/2013 Title: Member | | | |
| Processed 05/16/2013 | | * Electronically provided signatures are accepted as original signatures. | | | |