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| No. W 53339 | | Due no later than Aug 31, 2018 | | 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. IDAHO SLEEP SERVICES LLC. 215 E HAWAII AVE NAMPA ID 83686 | | JOHN KAISER 7272 W POTOMAC DRIVE BOISE ID 83704 | |
| | | | | 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 | SALTZER MEDICAL GROUP PA | 215 E HAWAII AVE | NAMPA | ID | 83683 |
| 5. Organized Under the Laws of: ID W 53339 | | 6. Annual Report must be signed.* Signature: L.J. Overall Name (type or print): L.J. Overall Date: 06/18/2018 Title: Director of Operations | | | |
| Processed 06/18/2018 | | * Electronically provided signatures are accepted as original signatures. | | | |