

No. W 53339		Due no later than Aug 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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SALTZER MEDICAL GROUP PA	Street or PO Address 215 E HAWAII AVE		City NAMPA	State ID	Country	Postal Code 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.							