No. W 17586		Due no later than Dec 31, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ERIC L OLSEN			
SECRETARY OF STATE	1. Mailin	1. Mailing Address: Correct in this box if needed. APEX STANDARD SERVICES, LLC AMY PARSLOW 285 VISTA DRIVE POCATELLO ID 83201 USA		201 E CENTER POCATELLO ID 83201 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	AMY PAR						
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: En	ter Names and Addr	esses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	T HUNEYCUTT	444 HOSPITAL WAY STE 477	POCATELLO	ID	USA	83201	
MEMBER CLAR	ALLEN	444 HOSPITAL WAY STE 477	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: 6. Ann		eport must be signed.*					
ID	Signature	Signature: Clark Allen Date: 10/22/2012					
W 17586	Name (typ	oe or print): Clark Allen		Title: Member			
Processed 10/22/2012	* Electronica	* Electronically provided signatures are accepted as original signatures.					