

No. W 132881	Due no later than Jan 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. NURSE RESIDENCY PARTNERSHIP, LLC (THE) JIM HANSEN 3581 E 1ST AVE POST FALLS ID 83854		JIM HANSEN 3581 E 1ST AVE POST FALLS ID 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: ID W 132881	6. Annual Report must be signed.* Signature: Jim Hansen Name (type or print): Jim Hansen		Date: 01/05/2018 Title: Owner			
Processed 01/05/2018		* Electronically provided signatures are accepted as original signatures.				