

No. W 17551		Due no later than Dec 31, 2017 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. COVELLI PULMONARY, L.L.C. HENRY COVELLI 820 COLES LOOP RD POST FALLS ID 83854		HENRY COVELLI 820 COLES LOOP RD POST FALLS ID 83854			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	HENRY COVELLI	820 N COLES LOOP RD	POST FALLS	ID	USA	83854	
MEMBER	RHONDA COVELLI	820 COLES LOOP RD	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: ID W 17551		6. Annual Report must be signed.* Signature: Henry Covelli Name (type or print): Henry Covelli					
		Date: 11/30/2016 Title: Member					
Processed 11/30/2016		* Electronically provided signatures are accepted as original signatures.					