No. <b>W 103647</b>		Due no later than May 31, 2014		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  JULIE ROBERTS RN, LLC  JULIE ROBERTS  1535 RIDGEVIEW DR  MOSCOW ID 83843		1535 RIDGEV	JULIE A ROBERTS ROSA 1535 RIDGEVIEW DR MOSCOW ID 83843  3. New Registered Agent Signature:*			
				3. <u>New</u> Register				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	ınies: Enter Naı	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER JULIE A ROE		BERTS	1535 RIDGEVIEW DR	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ju		Date: 04/02/2014				
W 103647		Name (type o		Title: Manager				
Processed 04/02/2014 * Electronically provided signatures are accepted as original signatures.								