

No. <b>W 37779</b>		<b>Due no later than Mar 31, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		MICHAEL LYNN CROCKETT 5111 WHITAKER RD CHUBBUCK ID 83202			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		ILLUSTI NURSING L.L.C. MICHAEL L CROCKETT 5111 WHITAKER RD CHUBBUCK ID 83202 UNITED STATES					
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	MICHAEL LYNN CROCKETT	1135 FALLS AVE	AMERICIAN FALLS	ID	USA	83211	
5. Organized Under the Laws of:  <b>ID W 37779</b>		6. Annual Report must be signed.* Signature: Michael Crockett Name (type or print): Michael Crockett Date: 03/21/2014 Title: Manager					
Processed 03/21/2014		* Electronically provided signatures are accepted as original signatures.					