No. W 144253		Annual Report Form 1. Mailing Address: Correct in this box if needed. PREMIER HOME SLEEP TESTING LLC 644 MONTE VISTA DR TWIN FALLS ID 83301		2. Registe	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				644 MC TWIN F	DARREN ROBINSON 644 MONTE VISTA DR TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
RECEIVED BY DUE DATE			oo of at locations Morekov or Morecov						
200		mes and Address	es of at least one Member or Manager.						
Office Held	Name		Street or PO Address	City	St	tate	Country	Postal Code	
MANAGER MELISA ROE		BINSON	644 MONTE VISTA DR	TWIN FA	LLS :	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: MELISA ROBINSON			Date: 11/07/2016				
W 144253		Name (type or print): MELISA ROBINSON			Title: MANAGER				
Processed 11/07/2016 * Electronically provided signatures are accepted as original signatures.									