

No. W 50137	Due no later than Apr 30, 2016 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. MARGARET LEVERETT R.N.C.N.P. PLLC MARGARET A LEVERETT 2860 CHANNING WAY STE 202 IDAHO FALLS ID 83404	LAURIE BAIRD GAFFNEY 591 PARK AVE STE 201 IDAHO FALLS ID 83402			
		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	MARGARET LEVERETT	3585 SUN CIRCLE	IDAHO FALLS	ID	83404
5. Organized Under the Laws of: ID W 50137	6. Annual Report must be signed.* Signature: Andrea Brookhart Name (type or print): Andrea Brookhart		Date: 05/23/2016 Title: Office Managers		
Processed 05/23/2016		* Electronically provided signatures are accepted as original signatures.			