

No. W 505		Due no later than Sep 30, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HERD HEALTH P.L.L.C. ROBERT DEY 1904 E. CHICAGO ST. G CALDWELL ID 83605		ROBERT DEY 1904 E CHICAGO STE G CALDWELL ID 83605	
				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
MANAGER	CARL WOODBURN	1548 S ISLAND GLENN WAY	EAGLE	ID	83616
MANAGER	ROBERT A DEY	14260 SAND HOLLOW RD.	CALDWELL	ID	83607
MANAGER	KIRK A MUELLER	16454 SG WAY	CALDWELL	ID	83607
MEMBER	JASON KELLER	12909 FEATHERSTONE	NAMPA	ID	USA 83686
MANAGER	BRIAN VOORTMAN	20460 MAGGARD LN	CALDWELL	ID	USA 83607
MANAGER	LANCE CHENEY	1372 S. WHITEWATER DR.	NAMPA,	ID	USA 83686
MEMBER	MARCUS SKACEL	8620 WHITE HORSE COURT	CALDWELL	ID	USA 83686
MANAGER	DAMIAN LETTIERI	12144 W MUSKET DR.	BOISE	ID	USA 83713
5. Organized Under the Laws of: ID W 505		6. Annual Report must be signed.* Signature: Robert Dey Name (type or print): Robert Dey Date: 09/27/2016 Title: managing member			
Processed 09/27/2016		* Electronically provided signatures are accepted as original signatures.			