

No. W 84670		Due no later than Jun 30, 2014		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. NW HEALTH, LLC. SUSAN C CHAPMAN CASWELL PO BOX 202 LACLEDE ID 83841		SUSAN CHAPMAN CASWELL 720 MOUNTAIN CREEK RD SANDPOINT ID 83864			
				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	CORRINA J BARRETT	PO BOX 237	PRIEST RIVER	ID	USA	83856	
MEMBER	SUSAN C CHAPMAN CASWELL	PO BOX 202	LACLEDE	ID	USA	83841	
5. Organized Under the Laws of: ID W 84670		6. Annual Report must be signed.* Signature: Susan Chapman Caswell Name (type or print): Susan Chapman Caswell Date: 06/24/2014 Title: Member					
Processed 06/24/2014		* Electronically provided signatures are accepted as original signatures.					