

No. <b>W 104536</b>		<b>Due no later than Jun 30, 2012</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>1. Mailing Address: Correct in this box if needed.</b> CEDAR HOLLOW HEALTH, LLC LAURI A NIELSON 1234 E 1000 N SHELLEY ID 83274 USA		LAURI A NIELSON 1234 E 1000 N SHELLEY ID 83274			
				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	LAURI A NIELSON	1234 E 1000 N	SHELLEY	ID	USA	83274	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 104536</b>		Signature: Lauri A. Nielson				Date: 05/07/2012	
		Name (type or print): Lauri A. Nielson				Title: Owner	
Processed 05/07/2012		* Electronically provided signatures are accepted as original signatures.					