

No. W 105550		Due no later than Aug 31, 2015 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		1. Mailing Address: Correct in this box if needed. 3 RIVERS HEALTH CENTER LLC KARIE JONAK 1421 1ST ST IDAHO FALLS ID 83401		KARIE A JONAK 1421 1ST ST IDAHO FALLS ID 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JOLIENE CRYSTAL	Street or PO Address 3265 E 200 N		City RIGBY	State ID	Country USA	Postal Code 83442
5. Organized Under the Laws of: ID W 105550		6. Annual Report must be signed.* Signature: Joliene Crystal Name (type or print): Joliene Crystal Date: 09/17/2015 Title: manager					
Processed 09/17/2015 * Electronically provided signatures are accepted as original signatures.							