

|  |   |   |  |       |         |             |
|--|---|---|--|-------|---------|-------------|
| No. <b>W 39886</b>   | <b>Due no later than May 31, 2012</b><br><b>Annual Report Form</b>                    |   | 2. Registered Agent and Address <b>(NO PO BOX)</b> |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b>                             |   | INGA ARTS<br>1076 W HAYDEN AVE<br>HAYDEN ID 83835  |       |         |             |
|  | DAYSPRING MIDWIFERY, PLLC<br>INGA ARTS<br>1076 W HAYDEN AVE<br>HAYDEN ID 83835<br>USA |   | 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  | INGA K ARTS   | 2714 ASHLAND LN   | HAYDEN   | ID    | USA     | 83835       |
| MANAGER  | RICHARD ARTS  | 2714 W ASHLAND LN   | HAYDEN   | ID    | USA     | 83835       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 39886</b>   | 6. Annual Report must be signed.*   |   |  |       |         |             |
|  |   | Signature: Inga K Arts  | Date: 03/27/2012                                   |       |         |             |
|  |   | Name (type or print): Inga K Arts   | Title: Midwife                                     |       |         |             |
| Processed 03/27/2012   |   | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |