

No. <b>W 135838</b>		Due no later than Mar 31, 2016		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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ROBINSON HEALTHCARE SERVICE L.L.C. JOSEPH SCOTT ROBINSON 1237 PEREGRINE RD MIDDLETON ID 83644		UNITED STATES CORPORATION AGEN 950 BANNOCK ST STE 1100 BOISE ID 83702			
				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	DIANA LYNN ROBINSON	1237 PEREGRINE DR	MIDDLETON	ID	USA	83644	
5. Organized Under the Laws of:  <b>ID W 135838</b>		6. Annual Report must be signed.* Signature: Joseph S. Robinson Name (type or print): Joseph S. Robinson				Date: 03/14/2016 Title: PA-C	
Processed 03/14/2016		* Electronically provided signatures are accepted as original signatures.					