No. **W 97420**	**Due no later than Oct 31, 2011** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** VISTA HEALTH CENTER, LLC KATHLEEN ASBELL 452 D STREET IDAHO FALLS ID 83402	KATHLEEN A ASBELL 452 D STREET IDAHO FALLS ID 83402 3. New 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	KATHLEEN ASBELL	452 D STREET	IDAHO FALLS	ID	USA	83402

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 97420**	Signature: Kathleen Asbell	Date: 08/12/2011
	Name (type or print): Kathleen Asbell	Title: Managing Member

Processed 08/12/2011

* Electronically provided signatures are accepted as original signatures.