

No. W 109938		Due no later than Jan 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. RUSHCARE, LLC NATALIE ANDERSON 4701 CREEK ROAD SUITE 200 CINCINNATI OH 45242 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 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	HENRY N THOMAN	4701 CREEK ROAD SUITE 200	CINCINNATI	OH	USA	45242	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
OH W 109938		Signature: Henry N Thoman				Date: 01/02/2014	
		Name (type or print): Henry N Thoman				Title: Vp	
Processed 01/02/2014		* Electronically provided signatures are accepted as original signatures.					