

No. W 128318		Due no later than Aug 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		1. Mailing Address: Correct in this box if needed. DIVINITY HEALTH CARE SERVICES, PLLC JEFFREY ROBERTS 620 S. ELDER ST. NAMPA ID 83686		JEFFREY ROBERTS 620 S. ELDER ST. NAMPA ID 83686 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	
MEMBER	PAT PILON	620 S. ELDER ST.	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 128318		Signature: Jeffrey Roberts				Date: 09/11/2014	
		Name (type or print): Jeffrey Roberts				Title: Co-Owner	
Processed 09/11/2014		* Electronically provided signatures are accepted as original signatures.					