

No. W 128318		Due no later than Aug 31, 2014 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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name PAT PILON	Street or PO Address 620 S. ELDER ST.		City NAMPA	State ID	Country USA	Postal Code 83686
5. Organized Under the Laws of: ID W 128318		6. Annual Report must be signed.* Signature: Jeffrey Roberts Name (type or print): Jeffrey Roberts Date: 09/11/2014 Title: Co-Owner					
Processed 09/11/2014 * Electronically provided signatures are accepted as original signatures.							