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|--|-----------------------|---|--|--|-------------|----------------|----------------------|
| No. W 91188 | | Due no later than Mar 31, 2018 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. PROMONTORY HEALTHCARE DEVELOPMENT, LLC ANNA HAYNES PO BOX 12269 PORTLAND OR 97212 | | NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 | | | |
| 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 MANAGER | Name JAMES ADAMSON | Street or PO Address PO BOX 12269 | | City PORTLAND | State OR | Country USA | Postal Code 97212 |
| 5. Organized Under the Laws of: DE W 91188 | | 6. Annual Report must be signed.* Signature: James Adamson Name (type or print): James Adamson Date: 01/23/2018 Title: Manager | | | | | |
| Processed 01/23/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | |