

No. **W 505**

**Due no later than September 30, 2004
Annual Report Form**

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 applicable

HERD HEALTH P.L.L.C.
ROBERT DEY
14260 SAND HOLLOW RD
CALDWELL, ID 83607

2. Registered Agent and Office **NO PO BOX**

ROBERT DEY
14260 SAND HOLLOW RD
CALDWELL, ID 83607

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
	<i>Robert Dey</i>	<i>PO BOX 536</i>	<i>CALDWELL</i>	<i>ID.</i>	<i>83606</i>
	<i>CARL WOODBURN</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>
	<i>PAUL PROHASKA</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>
	<i>JASON HELLER</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>
	<i>BRIAN VOORHEIS</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>

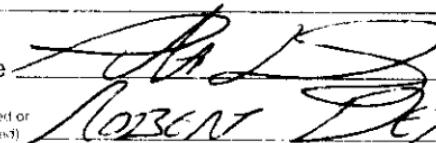
5. Organized Under the Laws of:

IDAHO
W 505

6.

Signature

Name
(Typed or
Printed)



Date *7/19/04*

Title *MANAGING MEMBER*