

No. W 16529	Due no later than Sep 30, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LINGARDEN HEALTH, LLC LINDA M MAINVIL FISCHER PO BOX 428 KINGSTON ID 83839		LINDA MAINVIL FISCHER 833 DRUMMOND PEAK RD KINGSTON ID 83839			
			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	LINDA MAINVIL FISCHER	PO BOX 428	KINGSTON	ID	USA	83839
5. Organized Under the Laws of: ID W 16529		6. Annual Report must be signed.* Signature: Linda Mainvil Fischer Name (type or print): Linda Mainvil Fischer Date: 09/09/2014 Title: Registered Agent				
Processed 09/09/2014		* Electronically provided signatures are accepted as original signatures.				