

No. W 95796		Due no later than Aug 31, 2011		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. MORAN HEALTH, PLLC THOMAS W PEASHKA 22180 GIFFORD REUBENS RD CULDESAC ID 83524-6111		THOMAS W PEASHKA 22180 GIFFORD REUBENS RD CULDESAC ID 83524-6111		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	LYNN-MARIE M PEASHKA	22180 GIFFORD REUBENS RD	CULDESAC	ID	USA	83524-6111	
5. Organized Under the Laws of: ID W 95796		6. Annual Report must be signed.* Signature: Thomas W Peashka Name (type or print): Thomas W Peashka		Date: 09/20/2011 Title: Registered Agent			
Processed 09/20/2011		* Electronically provided signatures are accepted as original signatures.					