

No. <b>W 335</b>		<b>Due no later than May 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  SAGE HEALTH CARE, P.L.L.C. 413 N ALLUMBAUGH STE 101 BOISE ID 83704		DAVID A KENT, M.D. 413 N ALLUMBAUGH STE 101 BOISE ID 83704			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	CHARLES C NOVAK MD	413 N ALLUMBAUGH STE 101	BOISE	ID	USA	83704	
MEMBER	ROBERTO NEGRON, MD	413 N ALLUMBAUGH STE 101	BOISE	ID	USA	83704	
MANAGER	DAVID A KENT MD	413 N ALLUMBAUGH STE 101	BOISE	ID	USA	83704	
5. Organized Under the Laws of:  <b>ID</b> <b>W 335</b>		6. Annual Report must be signed.*  Signature: jennifer burch Name (type or print): jennifer burch					
		Date: 06/19/2015 Title: business manager					
Processed 06/19/2015      * Electronically provided signatures are accepted as original signatures.							