No. W 89234		Due no later than Dec 31, 2014	2. Regist	2. Registered Agent and Address (NO PO BOX) JOAN RICHARDSON 19795 TAMMANY CREEK RD LEWISTON 83501 3. New Registered Agent Signature:*				
Return to:		Annual Report Form	JOAN					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CLEARWATER MEDICAL PROPERTIES, LLC JILL M BALL 1522 17TH ST LEWISTON ID 83501	LEWIS					
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Com	panies: Enter Nai	mes and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City		State	Country	Postal Code	
MANAGER	ROBIN HIGH	T 611 18TH AVE	LEWIST	ON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 89234		Signature: Jill Ball	Date: 10/16/2014					
		Name (type or print): Jill Ball	Title:	Title: Business Manager				
Processed 10/16/2014 * Electronically provided signatures are accepted as original signatures.								