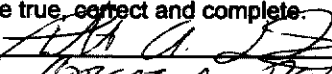


INSTRUCTIONS ON REVERSE SIDE

ISSUED: 01-04-1995

No. 505	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																
Return To Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 30, 1995		CARL WOODBURN ROBERT DEY 117 N 21ST AVE 2120 E MASSACHUSETTS NAMPA 83686																
	1. Mailing Address -- Please Correct If Not Current																		
	HERD HEALTH P.L.L.C. CARL WOODBURN ROBERT DEY 117 N 21ST AVE 2120 E MASSACHUSETTS NAMPA 83686 CALDWELL ID 83605		CALDWELL ID 83605 3. Organized Under The Laws of ID NO: 505																
4. Names and Addresses of ☒ Managers or ☐ Members (check one) MUST BE PRINTED OR TYPED																			
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>ROBERT DEY</td> <td>2120 E. MASSACHUSETTS AVE</td> <td>NAMPA</td> <td>ID.</td> <td>83686</td> </tr> <tr> <td>CARL WOODBURN</td> <td>4023 MEADOW AVE</td> <td>CALDWELL</td> <td>ID</td> <td>83605</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	ROBERT DEY	2120 E. MASSACHUSETTS AVE	NAMPA	ID.	83686	CARL WOODBURN	4023 MEADOW AVE	CALDWELL	ID	83605
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CARL WOODBURN	4023 MEADOW AVE	CALDWELL	ID	83605															
5. Signature of the Current Registered Agent (if changed in block 2)		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature:  Name (Typed or Printed): ROBERT A. DEY Date: 7/26/95																	