INSTRUCTIONS ON REVERSE SIDE

ISSUED: 01-04-1995

No. 505

Idaho Limited Liability Company Annual Report Form

Due No Later Than November 30, 1995

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

1 Mailing Address -- *Please Correct If Not Correct*

HERD HEALTH P.L.L.C.
~~CARL WOODBURN~~ ROBERT DEY
~~117 N 21ST AVE~~ 2120 C MASSACHUSETTS
NAMPA 83686
~~CALDWELL~~ ID ~~83605~~

2. Registered Agent and Office NOT A P.O. BOX

~~CARL WOODBURN~~ ROBERT DEY
~~117 N 21ST AVE~~ 2120 C. MASSACHUSETTS
NAMPA 83686
~~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

Name	Street or P.O. Address	City	State	Zip
ROBERT DEY	2120 C. MASSACHUSETTS AVE	NAMPA	~~ID~~	83686
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 [signature] Date 7/26/95

Name (Typed or Printed) ROBERT A. DEY