

No. W 135838		Due no later than Mar 31, 2017 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		1. Mailing Address: Correct in this box if needed. ROBINSON HEALTHCARE SERVICE L.L.C. JOSEPH SCOTT ROBINSON 1237 PEREGRINE RD MIDDLETON ID 83644		UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name DIANA LYNN ROBINSON	Street or PO Address 1237 PEREGRINE DR		City MIDDLETON	State ID	Country USA	Postal Code 83644
5. Organized Under the Laws of: ID W 135838		6. Annual Report must be signed.* Signature: Joseph S Robinson Name (type or print): Joseph S Robinson Date: 01/23/2017 Title: PA-C					
Processed 01/23/2017 * Electronically provided signatures are accepted as original signatures.							