

No. C 84542	Due no later than Aug 31, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. WESTERN HEALTH CARE CORPORATION A. KEITH HOLLOWAY 411 CASHMERE RD BOISE ID 83702	A KEITH HOLLOWAY 1475 N COLE ROAD BOISE ID 83704-8537				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	A. KEITH HOLLOWAY	1475 N. COLE RD.	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID C 84542	6. Annual Report must be signed.* Signature: A. Keith Holloway Name (type or print): A. Keith Holloway		Date: 06/23/2016 Title: Owner- C.E.O.			
Processed 06/23/2016		* Electronically provided signatures are accepted as original signatures.				