| No. W 58784 | | Due no later than Feb 28, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. NIGHTHAWK NURSING, PLLC CRAIG N KELLER 3940 EAST 132 NORTH RIGBY ID 83442 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|--|--------|--|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | CRAIG KELLER 3940 EAST 132 NORTH RIGBY ID 83442 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | USA nes and Addresses of at least one Member or Mar | nager. | | | | |
| Office Held | Name | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER CRAIG KELLER | | R 3940 EAST 132 NORTH | | RIGBY | ID | USA | 83442 |
| 5. Organized Under the Laws of: ID W 58784 | | 6. Annual Report must be signed.* Signature: Craig keller Name (type or print): Craig keller Title: Manager | | | | | |
| Processed 04/21/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | |