

No. W 84225	Due no later than May 31, 2015 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.		DONNA FOORD 1301 NORTH DIVISION SANDPOINT 83864			
	CYCLES OF LIFE HEALTH CARE PLLC DONNA J FOORD 1301 N DIVISION SANDPOINT ID 83864 USA		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	DONNA J FOORD	61 PONDER POINT	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of: ID W 84225		6. Annual Report must be signed.* Signature: Donna Foord Name (type or print): Donna Foord Date: 04/07/2015 Title: Owner				
Processed 04/07/2015		* Electronically provided signatures are accepted as original signatures.				