

No. <b>W 15034</b>		<b>Due no later than Apr 30, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		WILLIAM T BLACK 420 E ELM CALDWELL ID 83605			
		<b>1. Mailing Address: Correct in this box if needed.</b> CALDWELL HEALTHCARE DEVELOPMENT, LLC WILLIAM T BLACK 420 E ELM CALDWELL ID 83605		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	RONALD W CORNWELL	404 E ELM STREET	CALDWELL	ID	USA	83605	
MEMBER	WILLIAM T BLACK	420 E ELM	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 15034</b>		Signature: William T Black				Date: 02/11/2010	
		Name (type or print): William T Black				Title: Member	
Processed 02/11/2010		* Electronically provided signatures are accepted as original signatures.					