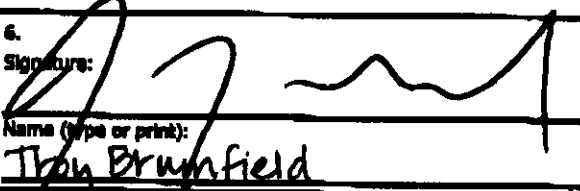


No. W 23681	Reinstatement Annual Report Form ADMIN DISSOLVED 07/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) TROY R. BRUMFIELD 2725 CHANNING WAY IDAHO FALLS ID 83404																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. COMMUNITY CARE, P.L.L.C. 2725 CHANNING WAY IDAHO FALLS ID 83404 USA		3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☐ Member ☒</td> <td>SCOTT Packer</td> <td>1584 S. 8th W.</td> <td>Idaho Falls</td> <td>ID</td> <td>Bonn</td> <td>83406</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Rocky Mtn. Medical</td> <td>601 Auburn Cr.</td> <td>Boise</td> <td>ID</td> <td>Madison</td> <td>83440</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Brumfield Medical</td> <td>3601 Locust Dr.</td> <td>Idaho Falls</td> <td>ID</td> <td>Bonn</td> <td>83401</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Rigby Family Medical</td> <td>3902 E. 132N</td> <td>Rigby</td> <td>ID</td> <td>Jefferson</td> <td>83442</td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☐ Member ☒	SCOTT Packer	1584 S. 8th W.	Idaho Falls	ID	Bonn	83406	Manager ☐ Member ☒	Rocky Mtn. Medical	601 Auburn Cr.	Boise	ID	Madison	83440	Manager ☐ Member ☒	Brumfield Medical	3601 Locust Dr.	Idaho Falls	ID	Bonn	83401	Manager ☐ Member ☒	Rigby Family Medical	3902 E. 132N	Rigby	ID	Jefferson	83442
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5. Organized Under the Laws of: IDAHO W 23681		6. Signature:  Name (type or print): <u>Troy Brumfield</u> Date: <u>7.26.13</u> Title: <u>Owner/Member</u>																																				

Issued 07/25/2013 by J.L.

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Notes:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Notes:** The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Check either Member or Manager. Enter names and business addresses of managers or members of the limited liability company. **Notes:** DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

Members Continued...

5) Member Tier 2 Enterprises,

6027 Pennekeas Dr.
Idaho Falls, ID 83402
Bonn. County

6) Member Hometown Healthcare

655 Harvest Dr.
Rexburg, ID
83440