

No. W 64321	Due no later than Jul 31, 2012 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. CYA HOSPITAL GOWNS, LLC GARRETT B. KERR 252 W MEADOW RIDGE LN EAGLE ID 83616 USA		SCOTT P VANCE 252 W MEADOW RIDGE LN EAGLE ID 83616			
			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	GARRETT KERR	252 W MEADOW RIDGE LN	EAGLE	ID	USA	83616
MEMBER	SCOTT VANCE	579 E WHITNEY CT	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID W 64321	6. Annual Report must be signed.* Signature: Garrett Kerr Name (type or print): Garrett Kerr		Date: 09/18/2012 Title: Owner			
Processed 09/18/2012		* Electronically provided signatures are accepted as original signatures.				