

No. W 85916		Due no later than Aug 31, 2010		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ECP LLC CINDY M STICE 215 N WHITLEY DR STE 1 FRUITLAND ID 83619		CINDY M STICE 215 N WHITLEY DR STE 1 FRUITLAND ID 83619			
				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	
MANAGER	ADVANCED HEALTH CARE	215 N WHITLEY DRIVE SUITE 1	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 85916		Signature: Cindy M Stice				Date: 07/08/2010	
		Name (type or print): Cindy M Stice				Title: Executive Assistant	
Processed 07/08/2010		* Electronically provided signatures are accepted as original signatures.					