

No. W 505

## Annual Report Form

1997

2. Registered Agent and Office NOT A P.O. BOX

## Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

NO FEE REQUIRED

\* FIRST NOTICE \*

## 1. Mailing Address - Please Correct, If Not Correct

HERD HEALTH P.L.L.C.  
ROBERT DEY  
2120 E MASSACHUSETTS AVE

NAMPA ID 83686

ROBERT DEY  
2120 E MASSACHUSETTS

NAMPA ID 83686

## 3. Organized Under the Laws of:

ID W 505

## 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors

Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ Members (check one)

## Office held

## Name

## Street or P.O. Address

## City

## State

## Zip

ROBERT DEY	P.O. BOX 536	CALDWELL	ID.	83686
CARL WOODBURN	" "	" "	" "	" "

## 5. SIGNATURE OF CURRENT RA

## 6.

Signature

Name (Typed or Printed)

Date

Title

Signature: *[Signature]* Date: 7/12/97  
Name: ROBERT DEY Title: MANAGING MEMBER

ISSUED: 07-04-1997

1997

DO NOT TAPE OR STAPLE