No. **W 116306**	**Due no later than Aug 31, 2014** **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.** CROSS HEALTHCARE LLC RYAN RASMUSSEN PO BOX 2122 IDAHO FALLS ID 83403	RYAN RASMUSSEN 1950 E 1ST ST IDAHO FALLS ID 83401 3. New 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	RYAN RASMUSSEN	2032 W 6450 S	REXBURG	ID	USA	83440
MEMBER	ZACH SUTTON	567 EAGLEWOOD DRIVE	REXBURG	ID	USA	83440

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 116306**	Signature: Ryan Rasmussen	Date: 09/19/2014
	Name (type or print): Ryan Rasmussen	Title: Member

Processed 09/19/2014

* Electronically provided signatures are accepted as original signatures.