

No. <b>W 505</b>		<b>Due no later than Sep 30, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		ROBERT DEY 1904 E CHICAGO STE G CALDWELL ID 83605			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		HERD HEALTH P.L.L.C. ROBERT DEY 1904 E. CHICAGO ST. G CALDWELL ID 83605					
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	DAMIAN LETTIERI	12144 W MUSKET DR.	BOISE	ID	USA	83713	
MANAGER	CARL WOODBURN	4023 MEADOW AVE	CALDWELL	ID	USA	83605	
MANAGER	ROBERT A DEY	14260 SAND HOLLOW RD	CALDWELL	ID	USA	83607	
MANAGER	KIRK MUELLER	16454 SG WAY	CALDWELL	ID	USA	83607	
MANAGER	JASON KELLER	3625 SHIPMAN CIRCLE	NAMPA	ID	USA	83686	
MANAGER	BRIAN VOORTMAN	16402 ORCHARD AVE.	CALDWELL	ID	USA	83607	
MANAGER	LANCE CHENEY	1372 S. WHITEWATER DR.	NAMPA,	ID	USA	83686	
MANAGER	MARCUS SKACEL	8620 WHITE HORSE COURT	CALDWELL	ID	USA	83686	
5. Organized Under the Laws of:  <b>ID W 505</b>		6. Annual Report must be signed.* Signature: Robert Dey Name (type or print): Robert Dey					
		Date: 09/16/2013 Title: Managing Member					
Processed 09/16/2013		* Electronically provided signatures are accepted as original signatures.					