| No. C 119973 | | Due no later than Jun 30, 2016 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---|--|------------------|---|----------------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. ASPEN HEALTHCARE INC. ROBERT COLLETTE PO BOX 3881 IDAHO FALLS ID 83403-3881 3. New Registered Agent Signature:* | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | ess Addresses of Pres | ident, Secretary, and Directors. Treasur | rer (ontional) | (ontional) | | | |
| Office Held Name | | ess / tauresses or i res | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT ROBERT COLLETTE SECRETARY JAIMI WILLSON | | 3470 WASHINGTON PARKWAY 3470 WASHINGTON PARKWAY | IDAHO FALLS IDAHO FALLS | ID ID | USA USA | 83404 83404 | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: ROBER | | Date: 05/10/2016 | | | | |
| C 119973 | | Name (type or prir | | Title: PRESIDENT | | | | |
| Processed 05/10/2016 | j | * Electronically provid | ed signatures are accepted as original s | signatures. | | | | |