No. C 195158		Due no later than Jun 30, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. SAWTOOTH HEALTHCARE, INC. 27101 PUERTA REAL STE 450 MISSION VIEJO CA 92691		2. Registered Age	2. Registered Agent and Address (NO PO BOX) NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				921 S ORCHAR BOISE ID 837 USA 3. <u>New</u> Registered				
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Presid	ent, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR TREASURER PRESIDENT SECRETARY	CHRISTOPHER R CHRISTENSEN SOON E BURNAM OWEN HAMMOND BEVERLY WITTEKIND		27101 PUERTA REAL STE 450 27101 PUERTA REAL STE 450 27101 PUERTA REAL STE 450 27101 PUERTA REAL STE 450	MISSION VIEJO MISSION VIEJO MISSION VIEJO MISSION VIEJO	CA CA CA CA	USA USA USA USA	92691 92691 92691 92691	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					_	
NV C 195158		Signature: Beverly Wittekind Name (type or print): Beverly Wittekind			Date: 06/26/2013 Title: Secretary			
Processed 06/26/2013	* Electronically provided signatures are accepted as original signatures.							