

No. W 505		Due no later than Sep 30, 2011		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		Annual Report Form		ROBERT DEY 1904 E CHICAGO STE G CALDWELL ID 83605			
		1. Mailing Address: Correct in this box if needed. HERD HEALTH P.L.L.C. ROBERT DEY 14260 SAND HOLLOW RD CALDWELL ID 83607		3. <u>New</u> 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	CARL WOODBURN	14169 LOCUST LN.	NAMPA	ID	USA	83686	
MANAGER	ROBERT A DEY	14260 SAND HOLLOW RD.	CALDWELL	ID	USA	83607	
MEMBER	KIRK MUELLER	16454 SG WAY	CALDWELL	ID	USA	83607	
MEMBER	JASON KELLER	3625 SHIPMAN CIRCLE	NAMPA	ID	USA	83686	
MEMBER	BRIAN VOORTMAN	20460 MAGGARD LN.	CALDWELL	ID	USA	83607	
MEMBER	LANCE CHENEY	1372 S. WHITEWATER DR.	NAMPA,	ID	USA	83686	
5. Organized Under the Laws of: ID W 505		6. Annual Report must be signed.* Signature: Robert Dey Name (type or print): Robert Dey		Date: 08/24/2011 Title: Managing member			
Processed 08/24/2011		* Electronically provided signatures are accepted as original signatures.					