

No. W 34593		Due no later than Nov 30, 2012		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 1. Mailing Address: Correct in this box if needed. PRESCOTT HEALTH CARE LLC ANDREW TC PRESCOTT 110 N 800 E JEROME ID 83338		ANDREW PRESCOTT 110 N 800 E JEROME ID 83338			
				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	B ROY PRESCOTT	135 N 800 E	JEROME	ID	USA	83338	
MEMBER	JUDITH ANN PRESCOTT	135 N 800 E	JEROME	ID	USA	83338	
MEMBER	ANDREW TC PRESCOTT	135 N 800 E	JEROME	ID	USA	83338	
MEMBER	JANET L PRESCOTT	135 N 800 E	JEROME	ID	USA	83338	
MEMBER	KATHRYN DD PRESCOTT	135 N 800 E	JEROME	ID	USA	83338	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 34593		Signature: Andrew prescott				Date: 09/13/2012	
		Name (type or print): Andrew prescott				Title: Member	
Processed 09/13/2012		* Electronically provided signatures are accepted as original signatures.					