

No. <b>W 34593</b>		<b>Due no later than Nov 30, 2012</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  PRESCOTT HEALTH CARE LLC ANDREW TC PREScott 110 N 800 E JEROME ID 83338		ANDREW PREScott 110 N 800 E JEROME ID 83338			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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:  <b>ID</b> <b>W 34593</b>		6. Annual Report must be signed.*  Signature: Andrew prescott Name (type or print): Andrew prescott					
		Date: 09/13/2012 Title: Member					
Processed 09/13/2012		* Electronically provided signatures are accepted as original signatures.					