

|  |                   |  |        |   |         |                         |  |
|--|-------------------|--|--------|---|---------|-------------------------|--|
| No. <b>W 70132</b>   |                   | Due no later than Jan 31, 2009   |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |                         |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ACTINICARE, LLC<br>CHARLES D EDWARDS<br>PO BOX 2867<br>HAYDEN ID 83835 |        | CHARLES D EDWARDS<br>11862 N REED RD<br>HAYDEN ID 83835 |         |                         |  |
|  |                   |  |        | 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   | CHARLES D EDWARDS | 11862 N REED RD  | HAYDEN | ID  | USA     | 83835                   |  |
| 5. Organized Under the Laws of:  |                   | 6. Annual Report must be signed.*  |        |   |         |                         |  |
| <b>ID<br/>W 70132</b>  |                   | Signature: Charles D. Edwards  |        |   |         | Date: 02/11/2009        |  |
|  |                   | Name (type or print): Charles D. Edwards   |        |   |         | Title: Registered Agent |  |
| Processed 02/11/2009   |                   | * Electronically provided signatures are accepted as original signatures.  |        |   |         |                         |  |