

No. W 15034	Due no later than Apr 30, 2012 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. CALDWELL HEALTHCARE DEVELOPMENT, LLC WILLIAM T BLACK 420 E ELM CALDWELL ID 83605	WILLIAM T BLACK 420 E ELM CALDWELL ID 83605	
		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	WILLIAM T BLACK	420 E ELM	CALDWELL ID USA 83605
MEMBER	RONALD W CORNWELL	404 E ELM STREET	CALDWELL ID USA 83605
MEMBER	RYAN S MCKINNON	1818 S 10TH AVENUE #220	CALDWELL ID USA 83605
5. Organized Under the Laws of: ID W 15034	6. Annual Report must be signed.* Signature: William T Black Name (type or print): William T Black		Date: 02/12/2012 Title: Member
Processed 02/12/2012		* Electronically provided signatures are accepted as original signatures.	