| No. W 109777  | Reinstatement Annual Report Form<br>ADMIN DISSOLVED 05/02/2017  | 2. Registered Agent and Office (NOT A P.O. BOX)           |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080  | 1. Mailing Address: Correct in this box if needed. STERLING HEALTHCARE, LLC SCOTT BROWN 740 S WOODRUFF AVE IDAHO FALLS ID 83401 | SCOTT BROWN<br>740 S WOODRUFF AVE<br>IDAHO FALLS ID 83401 |
| REINSTATEMENT FEE<br>DUE: \$30.00   |   | 3. Now Registered Agent Signature.                        |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.  Manager or Member Name Street or PO Address City State Country Postal Code  Manager   Momber   Momber   Manager   Member    Manager   Member    Manager   Member    Manager   Member    Manager   Member |   |   |
| 5. Organized Under the Law IDAHO W 109777   | Signature:  Name (type or print):  Cow Din Runnage  | Date:<br>5/73/17<br>Title:<br>Wenter                      |