

No. W 16529		Due no later than Sep 30, 2016		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. LINGARDEN HEALTH, LLC LINDA M MAINVIL FISCHER 1427 N PRESTWICK WAY EAGLE ID 83616		LINDA MAINVIL FISCHER 1427 N PRESTWICK WAY EAGLE ID 83616	
				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	LINDA MAINVIL FISCHER	1427 N PRESTWICK WAY	EAGLE	ID	83616
5. Organized Under the Laws of: ID W 16529		6. Annual Report must be signed.* Signature: Linda Mainvil Fischer Name (type or print): Linda Mainvil Fischer Date: 08/18/2016 Title: Registered Agent			
Processed 08/18/2016		* Electronically provided signatures are accepted as original signatures.			