No. W 6028		Due no later than Apr 30, 2016		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. POST FALLS MEDICAL CENTER, L.L.C. GARY RETTER 95 W. CENTA		6144 18TH DALTON GARDE	DALTON GARDENS ID 83815			
NO FILING FEE IF RECEIVED BY DUE DATE		HAYDEN ID 83835		3. <u>New</u> Registered	3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Con	mpanies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	JIM DOTY		5320 INVERNESS DR	POST FALLS	ID		83854	
MEMBER JACK TAWN		EY	311 HIGHLAND DR	EDMONDS	WA	USA	98020	
MEMBER PHILLIP ALT		HEN	940 IRONWOOD DR	COEUR D'ALENE	ID	USA	83814	
MEMBER GARY RETTE		ΞR	95 W. CENTA	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 6028		Signature: Gary Retter		Date: 06,	Date: 06/10/2016			
		Name (type or print): Gary Retter		Title: re	Title: registered agent			
Processed 06/10/2016	5	* Electronically pro	ovided signatures are accepted as origina	al signatures.				