

No. W 15034		Due no later than Apr 30, 2011 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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				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	RYAN S MCKINNON	1818 S 10TH AVENUE #220	CALDWELL	ID	USA	83605	
MEMBER	WILLIAM T BLACK	420 E ELM	CALDWELL	ID	USA	83605	
MEMBER	RONALD W CORNWELL	404 E ELM STREET	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: 02/09/2011 Title: Member					
Processed 02/09/2011 * Electronically provided signatures are accepted as original signatures.							