

No. <b>W 109778</b>	<b>Due no later than Jan 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> STERLING HEALTHCARE MANAGEMENT, LLC SCOTT BROWN 5412 S ROCK HOUSE CIR IDAHO FALLS ID 83406		SCOTT BROWN 5412 S ROCK HOUSE CIR IDAHO FALLS ID 83406			
			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	SCOTT BROWN	5412 S HOUSE ROCK CIRCLE	IDAHO FALLS	ID	USA	83406
5. Organized Under the Laws of:  <b>ID</b> <b>W 109778</b>	6. Annual Report must be signed.* Signature: Scott Brown Name (type or print): Scott Brown		Date: 11/27/2012 Title: Owner			
Processed 11/27/2012		* Electronically provided signatures are accepted as original signatures.				