

No. <span style="margin-left: 20px;">W</span> <span style="margin-left: 20px;">505</span>	<b>Annual Report Form</b> <span style="float: right;">1995</span> <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b> ROBERT DEY 2120 E MASSACHUSETTS  NAMPA ID 33686		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b> <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct HERD HEALTH P.L.L.C. ROBERT DEY 2120 E MASSACHUSETTS AVE  NAMPA ID 33686		3. Organized Under the Laws of: ID W 505		
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City -</u>	<u>State</u>	<u>Zip</u>
	ROBERT A DEY	2120 E. MASS. AVE.	NAMPA,	ID	83686
	CARL R. WOODBURN	2043 MEADOW AVE	CALDWELL,	ID.	83605
5. SIGNATURE OF CURRENT RA		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.			
ISSUED: 37-08-1996		Signature <u>Robert A. Dey</u> Date <u>7/15/96</u> Name (Typed or Printed) <u>ROBERT A. DEY</u> Title <u>MANAGING MEMBER</u> <div style="text-align: right;">1261</div>			