

No. W 98763	Due no later than Dec 31, 2012 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SEASONS OF HOPE MEDICAL SERVICES, LLC JON SHAFFER 4650 HAWTHORNE RD STE 3B CHUBBUCK ID 83202 USA		HEATH SOMMER 4650 HAWTHORNE RD STE 3B CHUBBUCK ID 83202			
			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	HEATH J SOMMER	4650 HAWTHORNE RD STE 3B	CHUBBUCK	ID	USA	83202
5. Organized Under the Laws of: ID W 98763	6. Annual Report must be signed.* Signature: Jon Shaffer Name (type or print): Jon Shaffer		Date: 10/17/2012 Title: Cfo			
Processed 10/17/2012		* Electronically provided signatures are accepted as original signatures.				