

No. W 89234		Due no later than Dec 31, 2017 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. CLEARWATER MEDICAL PROPERTIES, LLC JILL M BALL 1522 17TH ST LEWISTON ID 83501		THERESA SMITH 110 N 9TH ST KENDRICK ID 83537			
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	CELSO R CHAVEZ	1445 27TH AVE #5	LEWISTON	ID	USA	83501	
MANAGER	CHRISTINE NORWOOD	1719 HEMLOCK AVE	LEWISTON	ID	USA	83501	
MEMBER	CHERYL LOETSCHER	1836 AIRWAY AVENUE	LEWISTON	ID	USA	83501	
MEMBER	ROBIN HIGHT	611 18TH AVE	LEWISTON	ID	USA	83501	
MEMBER	THERESA SMITH	110 N 9TH ST	KENDRICK	ID	USA	83537	
5. Organized Under the Laws of: ID W 89234		6. Annual Report must be signed.* Signature: Jill Ball Name (type or print): Jill Ball					
		Date: 12/26/2017 Title: Administrator					
Processed 12/26/2017		* Electronically provided signatures are accepted as original signatures.					