

No. W 34593	Due no later than Nov 30, 2013 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. PRESCOTT HEALTH CARE LLC ANDREW TC PRESCOTT 110 N 800 E JEROME ID 83338	ANDREW PRESCOTT 110 N 800 E JEROME ID 83338 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	B ROY PRESCOTT	135 N 800 E	JEROME	ID	USA	83338
MEMBER	JUDITH ANN PRESCOTT	135 N 800 E	JEROME	ID	USA	83338
MEMBER	ANDREW TC PRESCOTT	135 N 800 E	JEROME	ID	USA	83338
MEMBER	JANET L PRESCOTT	135 N 800 E	JEROME	ID	USA	83338
MEMBER	KATHRYN DD PRESCOTT	135 N 800 E	JEROME	ID	USA	83338
5. Organized Under the Laws of: ID W 34593	6. Annual Report must be signed.* Signature: Andrew Prescott Name (type or print): Andrew Prescott		Date: 09/19/2013 Title: Owner			
Processed 09/19/2013		* Electronically provided signatures are accepted as original signatures.				