

No. W 34593		Due no later than Nov 30, 2016		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		Annual Report Form 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	83338
MEMBER	JUDITH ANN PRESCOTT	135 N 800 E	JEROME	ID	83338
MEMBER	ANDREW TC PRESCOTT	135 N 800 E	JEROME	ID	83338
MEMBER	JANET L PRESCOTT	135 N 800 E	JEROME	ID	83338
MEMBER	KATHRYN DD PRESCOTT	135 N 800 E	JEROME	ID	83338
5. Organized Under the Laws of: ID W 34593		6. Annual Report must be signed.* Signature: Steve Date: 12/16/2016 Name (type or print): Steve Title: Ops Manager			
Processed 12/16/2016		* Electronically provided signatures are accepted as original signatures.			