No. **W 86359**	**Due no later than Aug 31, 2015**	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.** LIFE FLIGHT NETWORK, LLC JAY HULL C/O DWT OREGON CORP 1300 SW 5TH AVE STE 2400 PORTLAND OR 97201-5610 USA	NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 3. New 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	PROVIDENCE HEALTH SYSTEM-OREGO	1235 NE 47TH AVENUE, SUITE 299	PORTLAND	OR	USA	97213
MEMBER	OREGON HEALTH & SCIENCE UNIV	3181 SW SAM JACKSON PARK ROAD	PORTLAND	OR	USA	97239-3098
MEMBER	LEGACY EMANUEL HOSPITAL	1919 NW LOVEJOY STREET	PORTLAND	OR	USA	97209-3098
MEMBER	ST ALPHONSE REGIONAL MED CTR	1055 N CURTIS ROAD	BOISE	ID	USA	83706

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
OR **W 86359**	Signature: Jay Hull	Date: 08/07/2015
	Name (type or print): Jay Hull	Title: Attorney
Processed 08/07/2015	* Electronically provided signatures are accepted as original signatures.	