No. **W 149934**	**Due no later than Apr 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.** CASCADIA HEALTHCARE, LLC OWEN CALVIN HAMMOND 408 S EAGLE RD STE. 201 EAGLE ID 83616	REGISTERED AGENT SOLUTIONS 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	OWEN CALVIN HAMMOND	408 S. EAGLE RD. STE. 201	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 149934**	Signature: Stephen J LaForte Name (type or print): Stephen J LaForte	Date: 04/18/2016 Title: Attorney/Authorized party
Processed 04/18/2016	* Electronically provided signatures are accepted as original signatures.	