No. W 87748		Due no later than Oct 31, 2013	Registered Agent and Address (NO PO BOX) KRISTINE BABB			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SOUTHEAST IDAHO CORRECTIONAL MEDICINE LLC KRISTINE BABB 4859 ELIZABETH CHUBBUCK ID 83202	4859 ELIZABETH CHUBBUCK ID 83202 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA				
4. Limited Liability Com	panies: Enter Nar	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER KRISTINE BA		ABB 4859 ELIZABETH	CHUBBUCK	ID	USA	83202
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Kristine Babb	Date: 11/22/2013			
W 87748		Name (type or print): Kristine Babb	Title: Owner			
Processed 11/22/2013 * Electronically provided signatures are accepted as original signatures.						