No. **C 84542**	**Due no later than Aug 31, 2012** **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.** WESTERN HEALTH CARE CORPORATION A. KEITH HOLLOWAY 1475 N COLE RD BOISE ID 83704-8537	A KEITH HOLLOWAY 1475 N COLE ROAD BOISE ID 83704-8537 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	RICK L. HOLLOWAY	1475 N. COLE RD.	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 84542**	Signature: Keith Holloway	Date: 06/12/2012
	Name (type or print): Keith Holloway	Title: Co-Owner

Processed 06/12/2012

* Electronically provided signatures are accepted as original signatures.