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| No. W 135838 | | Due no later than Mar 31, 2018 | | 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. ROBINSON HEALTHCARE SERVICE L.L.C. JOSEPH SCOTT ROBINSON 1237 PEREGRINE RD MIDDLETON ID 83644 | | UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702 | |
| | | | | 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 |
| MANAGER | DIANA LYNN ROBINSON | 1237 PEREGRINE DR | MIDDLETON | ID | USA 83644 |
| 5. Organized Under the Laws of: ID W 135838 | | 6. Annual Report must be signed.* Signature: Joe Robinson Name (type or print): Joe Robinson Date: 03/20/2018 Title: CEO | | | |
| Processed 03/20/2018 | | * Electronically provided signatures are accepted as original signatures. | | | |