

No. <b>W 94709</b>		<b>Due no later than Jul 31, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  HCG PROVIDERS LLC MICHELLE WARD 3537 S FEDERAL WAY #103#209 BOISE ID 83705 USA		MICHELLE WARD 4465 S TRAILS END LN BOISE ID 83716			
				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	
MEMBER	LOLA J SCAGGS	853 IRONSIDE DR	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 94709</b>		Signature: Michelle Ward				Date: 09/30/2013	
		Name (type or print): Michelle Ward				Title: President	
Processed 09/30/2013		* Electronically provided signatures are accepted as original signatures.					