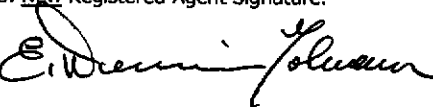
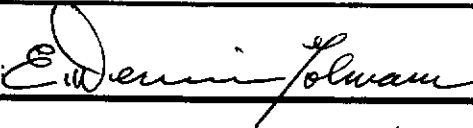


No. <b>W 41206</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 10/05/2010</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) <del>WILLIAM F RIGBY</del> <del>151 N RIDGE STE 260</del> <del>IDAHO FALLS ID 83402</del> E. Dennis Tolman 3556 Nathan Circle Idaho Falls, Idaho 83404
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  MOUNTAIN RIVER HEALTHCARE MANAGEMENT, LLC <del>WE RIGBY</del> E. Dennis Tolman <del>151 N RIDGE STE 260</del> <del>IDAHO FALLS ID 83402</del> 3556 Nathan Circle Idaho Falls, Idaho 83404		3. New Registered Agent Signature. 
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Office Held      Name      Street or PO Address      City      State      Country      Postal Code  CEO Manager E. Dennis Tolman 3556 Nathan Circle Idaho Falls Idaho 83404 U.S.A.			
5. Organized Under the Laws of:  IDAHO W 41206		6. Signature:  Name (type or print): E. Dennis Tolman Date: 10/27/2010 Title: Manager CEO	
Issued 10/22/2010 by CLH			

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a **new** registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of management. **Note:** **Do not** put "same as last year" or "same as above". **These will not be accepted.**

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.