

No. W 69960	Due no later than Dec 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. A & A HEALTH, PLLC CARL E ARNOLD 10260 CALICO ST BOISE ID 83709		CARL E ARNOLD 10260 CALICO ST BOISE ID 83709				
			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	CARL E ARNOLD	3715 E OVERLAND RD SUITE 200	MERIDIAN	ID	USA	83646	
MEMBER	RUSSELL C ALLEN	3715 E OVERLAND RD SUITE 200	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of: ID W 69960	6. Annual Report must be signed.* Signature: Carl E Arnold Name (type or print): Carl E Arnold		Date: 01/09/2013 Title: Manager				
Processed 01/09/2013		* Electronically provided signatures are accepted as original signatures.					