No. W 56146		Due no later than Nov 30, 2013		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ROBERT C H	ROBERT C HARDING			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. 3PEAKS HEALTHCARE CONSULTING LLC ROBERT C HARDING 2503 HAROLD DR. IDAHO FALLS ID 83402		IDAHO FALLS	2503 HAROLD DR. IDAHO FALLS ID 83402 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	ROBERT C	HARDING	2503 HAROLD DR.	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Robert Harding			Date: 10/28/2013			
W 56146		Name (type or		Title: Owner				
Processed 10/28/2013 * Electronically provided signatures are accepted as original signatures.								