

No. <b>W 128093</b>		Due no later than Aug 31, 2015 <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  ADVANCED CARE NORTHWEST, LLC AMY N BALDWIN PO BOX 1869 BONNERS FERRY ID 83805		AMY BALDWIN 8141 EAST APACHE TRAIL ATHOL ID 83301			
				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	AMY NICOLE BALDWIN	8141 EAST APACHE TRAIL	ATHOL	ID	USA	83301	
5. Organized Under the Laws of:  <b>ID W 128093</b>		6. Annual Report must be signed.* Signature: Tricia Limerick Name (type or print): Tricia Limerick Date: 07/27/2015 Title: Administrative Supervisor					
Processed 07/27/2015		* Electronically provided signatures are accepted as original signatures.					