

|  |                     |  |           |  |                     |
|--|---------------------|--|-----------|--|---------------------|
| No. <b>W 135838</b>  |                     | Due no later than Mar 31, 2015   |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>                       |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                     | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ROBINSON HEALTHCARE SERVICE L.L.C.<br>JOSEPH SCOTT ROBINSON<br>1237 PEREGRINE RD<br>MIDDLETON ID 83644 |           | UNITED STATES CORPORATION AGEN<br>950 BANNOCK ST STE 1100<br>BOISE 83702 |                     |
|  |                     |  |           | 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 |
| MANAGER  | DIANA LYNN ROBINSON | 1237 PEREGRINE DR  | MIDDLETON | ID   | USA 83644           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 135838</b>  |                     | 6. Annual Report must be signed.*<br>Signature: Joseph S. Robinson<br>Name (type or print): Joseph S. Robinson<br>Date: 01/19/2015<br>Title: Physician Assistant   |           |  |                     |
| Processed 01/19/2015   |                     | * Electronically provided signatures are accepted as original signatures.  |           |  |                     |