No. **W 64321**	**Due no later than Jul 31, 2014** **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.** CYA HOSPITAL GOWNS, LLC GARRETT B. KERR 2094 N. TRAIL CREEK LN. EAGLE ID 83616 USA	SCOTT P VANCE 252 W MEADOW RIDGE LN EAGLE ID 83616 3. New 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	GARRETT KERR	252 W MEADOW RIDGE LN	EAGLE	ID	USA	83616
MEMBER	SCOTT VANCE	579 E WHITNEY CT	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 64321**	Signature: Garrett Kerr Name (type or print): Garrett Kerr	Date: 08/26/2014 Title: Ceo

Processed 08/26/2014

* Electronically provided signatures are accepted as original signatures.