

No. W 171375		Due no later than Sep 30, 2017 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		1. Mailing Address: Correct in this box if needed. 2T HEALTH CARE LLC ROBERT GARDNER PO BOX 1200 HAILEY ID 83333		ROBERT GARDNER 12 HERON LANE BELLEVUE ID 83313		
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held MANAGER	Name ROBERT GARDNER	Street or PO Address PO BOX 1200	City HAILEY	State ID	Country	Postal Code 83333
5. Organized Under the Laws of: ID W 171375		6. Annual Report must be signed.* Signature: Robert Gardner Name (type or print): Robert Gardner Date: 07/24/2017 Title: Manager				
Processed 07/24/2017 * Electronically provided signatures are accepted as original signatures.						