No. <b>W 97234</b> Return to:		Due no later than Oct 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)  WILLIAM ASH 754 E 17TH IDAHO FALLS ID 83404  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ASH HEALTH, LLC  WILLIAM ASH  754 E 17TH  IDAHO FALLS ID 83404	IDAHO FALL				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	WILLIAM F	ASH 754 E 17TH ST	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: William F Ash Date: 08/09/2013					
W 97234		Name (type or print): William F Ash	Title:	Title: Manager/ Partner			
Processed 08/09/2013 * Electronically provided signatures are accepted as original signatures.							