No. <b>W 34593</b>	Du	Due no later than Nov 30, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ANDREW PRESCOTT			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PRESCOTT HI ANDREW TC 110 N 800 E	1. Mailing Address: Correct in this box if needed.  PRESCOTT HEALTH CARE LLC  ANDREW TC PRESCOTT  110 N 800 E  JEROME ID 83338		110 N 800 E JEROME ID 83338  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 B ROY PRESCOTT MEMBER JUDITH ANN PRESCOTT MEMBER ANDREW TC PRESCOTT MEMBER JANET L PRESCOTT MEMBER KATHRYN DD PRESCOTT		135 N 800 E 135 N 800 E 135 N 800 E 135 N 800 E 135 N 800 E	JEROME JEROME JEROME JEROME JEROME	ID ID ID ID	USA USA USA USA USA	83338 83338 83338 83338 83338	
5. Organized Under the Laws of:		t must be signed.*	32.101.12				
ID	Signature: Lir	Signature: Lindsay Ruiz		Date: 09/22/2014			
W 34593	Name (type o	Name (type or print): Lindsay Ruiz		Title: Secretary			
Processed 09/22/2014 * Electronically provided signatures are accepted as original signatures.							