| No. **W 91187** | **Due no later than Mar 31, 2015**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>PROMONTORY HEALTHCARE MANAGEMENT, LLC<br>ANNA HAYNES<br>PO BOX 12269<br>PORTLAND OR 97212 | NATIONAL REGISTERED AGENTS INC<br>921 S ORCHARD ST STE G<br>BOISE 83705<br><br>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 |
|---|---|---|---|---|---|---|
| MANAGER | JAMES ADAMSON | PO BOX 12269 | PORTLAND | OR | USA | 97212 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **DE**<br>**W 91187** | Signature: James | Date: 01/21/2015 |
| | Name (type or print): James | Title: Manager |

Processed 01/21/2015

* Electronically provided signatures are accepted as original signatures.