No. W 83217	Due no later than Apr 30, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. COMPASS HEALTH CONSULTING, LLC CYNTHIA CLINKINGBEARD 9402 BURNETT DR BOISE ID 83709-4014		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			9402 BURNE BOISE ID	CYNTHIA CLINKINGBEARD 9402 BURNETT DR BOISE ID 83709 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addresses of						
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER CYNTHIA CI	LINKINGBEARD	9402 BURNETT DRIVE	BOISE	ID	USA	83709	
5. Organized Under the Laws of:	6. Annual Report m						
ID	Signature: Cynth		Date: 05/20/2011				
W 83217	Name (type or p		Title: Manager				
Processed 05/20/2011	* Electronically provided signatures are accepted as original signatures.						