

No. <b>W 84670</b>	<b>Due no later than Jun 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> NW HEALTH, LLC. SUSAN C CHAPMAN CASWELL PO BOX 202 LACLEDE ID 83841		SUSAN CHAPMAN CASWELL 720 MOUNTAIN CREEK RD SANDPOINT ID 83864			
			3. <u>New</u> 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
MEMBER	CORRINA J BARRETT	PO BOX 237	PRIEST RIVER	ID	USA	83856
MEMBER	SUSAN C CHAPMAN CASWELL	PO BOX 202	LACLEDE	ID	USA	83841
5. Organized Under the Laws of:  <b>ID W 84670</b>	6. Annual Report must be signed.* Signature: Susan Chapman Caswell Name (type or print): Susan Chapman Caswell		Date: 06/16/2015 Title: Member			
Processed 06/16/2015		* Electronically provided signatures are accepted as original signatures.				