

No. W 85421		Due no later than Jul 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LEGACY HEALTH NETWORK LLC (THE) MORIA WESTENSKOW 21 WINN DRIVE P.O. BOX 282 REXBURG ID 83440 USA		MORIA WESTENSKOW 21 WINN DRIVE REXBURG ID 83440			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name MORIA D WESTENSKOW	Street or PO Address 21 WINN DRIVE P.O. BOX 282		City REXBURG	State ID	Country USA	Postal Code 83440
5. Organized Under the Laws of: ID W 85421		6. Annual Report must be signed.* Signature: Moria Westenskow Name (type or print): Moria Westenskow Date: 07/15/2010 Title: Manager					
Processed 07/15/2010 * Electronically provided signatures are accepted as original signatures.							