

No. W 120542		Due no later than Jan 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. RAWHIDE HEALTH P.L.L.C. DALE J. ROSS M.D. 816 MAIN AVENUE ST MARIES ID 83861 USA		DALE J ROSS MD 615 REEDS CREEK RD ST MARIES ID 83861			
				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	
MANAGER	DALE J. ROSS M.D.	615 REEDS CREEK ROAD	ST MARIES	ID	USA	83861	
5. Organized Under the Laws of: ID W 120542		6. Annual Report must be signed.* Signature: Dale J. Ross M.D. Name (type or print): Dale J. Ross M.D. Date: 12/09/2013 Title: C.e.o.					
Processed 12/09/2013		* Electronically provided signatures are accepted as original signatures.					