

No. W 15034	Due no later than Apr 30, 2017 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		WILLIAM T BLACK 420 E ELM CALDWELL ID 83605			
	CALDWELL HEALTHCARE DEVELOPMENT, LLC WILLIAM T BLACK 420 E ELM CALDWELL ID 83605		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	WILLIAM T BLACK	420 E ELM	CALDWELL	ID		83605
MEMBER	RONALD W CORNWELL	404 E ELM STREET	CALDWELL	ID	USA	83605
MEMBER	RYAN S MCKINNON	1818 S 10TH AVENUE #220	CALDWELL	ID	USA	83605
5. Organized Under the Laws of: ID W 15034	6. Annual Report must be signed.*					
		Signature: William T Black	Date: 02/23/2017			
		Name (type or print): William T Black	Title: member			
Processed 02/23/2017		* Electronically provided signatures are accepted as original signatures.				